



## Registration Form Backyard Sports Plus Spring Multi-Sport 2024

Child Full Name (1) \_\_\_\_\_ M / F Current Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Diagnosis \_\_\_\_\_ Social Security Last 4 digits \_\_\_\_\_

Is your child OPWDD Eligible? Yes / No (please circle one). If yes, what is their TABS Number \_\_\_\_\_

And what is their full Social Security Number \_\_\_\_\_ Session Day & Time \_\_\_\_\_

Child Full Name (2) \_\_\_\_\_ M / F Current Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Diagnosis \_\_\_\_\_ Social Security Last 4 digits \_\_\_\_\_

Is your child OPWDD Eligible? Yes / No (please circle one). If yes, what is their TABS Number \_\_\_\_\_

And what is their full Social Security Number \_\_\_\_\_ Session Day & Time \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name (1) \_\_\_\_\_ Cell Number \_\_\_\_\_

Parent Name (2) \_\_\_\_\_ Cell Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Parent's Primary Email \_\_\_\_\_

*I, the parent/guardian of the below named participant, a minor, agree that I and the participant will abide by the rules and regulations of Backyard Sports, Inc. (Backyard Sports Cares) In consideration of the participant's participation in the programs, intending to be legally bound, hereby release and indemnify Backyard Sports, Inc., (Backyard Sports Cares) the owners and operators of the facilities used for the programs, and each of their respective directors, officers, employees, agents, and representatives from and against all claims, liabilities, damages, or causes of action arising out of or in connection with the participant's participation in the programs. I further grant Backyard Sports, Inc. (Backyard Sports Cares) the right to use the participant's name, picture, and/or likeness in printed, broadcast and other material concerning the programs provided such use is related to the participant's status as a participant in the programs.*

Yes, I agree to the above waiver

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BYSC Plus Special Needs Spring Multi-Sport

**Fee:** \$225 \*\$25.00 sibling discount

**Times:** Teens & Young Adults: 10:00 - 11am • All Ages: 11:00 - 12pm

**Schedule:** Dates: 4/7, 4/14, 4/21, 4/28, 5/5, 5/12

**Location:** Purchase College - Performing Arts Center (PAC) Field

### Please mail registration form & check to:

Backyard Sports Cares  
75 South Broadway, 4th Floor  
White Plains, NY 10601