



Registration Form Backyard Sports Plus Winter 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 Winter Multi-Sport

Fee: \$225 *\$25.00 sibling discount

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

Schedule: Dates: 1/28, 2/4, 2/11, 2/18, 2/25, 3/3

*Makeup date (if needed for snow day) 3/10

Location: Purchase College - Main Gym

Please mail registration form & check to:

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