Backyard Sports Cares

"CHANGING CHILDREN'S LIVES THROUGH SPORTS"

Registration Form

Backyard Sports Plus Fall Multi-Sport 2026

***Please register early*

Child Full Name (1) _____ M / F Age____ Birthday _____ Last 4 SS# _____
Child 1

Child Full Name (2) _____ M / F Age____ Birthday _____ Last 4 SS# _____
Child 2

Address _____
 # and street *City* *State* *Zip*

Mom's Name_____ Dad's Name_____

Home Phone ____-_____-_____ Mom Cell ____-____-_____Dad Cell ____-____-_____

School name _____ Primary Diagnosis (Child #1)_____

Parents Primary Email _____ Primary Diagnosis (Child #2)_____

Session Day and Time (Child #1)_____(Child #2)_____

T-Shirt Size
(Child #1) YS–YM–YL–AS–AM–AL T-Shirt Size (Child #2) YS–YM–YL–AS–AM–AL

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 Cares. In consideration of the participant's participation in the programs, intending to be legally bound, hereby release and indemnify 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 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.

Signature _____ Date _____

Please mail registration form and check to:

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

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: 9/20, 9/27, 10/4, 10/11, 10/18, 10/25
Location: Purchase College Main Gym