

## "CHANGING CHILDREN'S LIVES THROUGH SPORTS"

## Registration Form Backyard Sports Plus Fall Multi-Sport 2025

\*\*Please register early

Child Full Name (1)	M / F Age	Birthday	Last 4 SS#_	Cl:1J 1
Child Full Name (2)				
				China 2
Address # and street	City	Stat	te Zip	
Mom's Name Da	ad's Name			
Home Phone Mom Cell	Dad Cell	<del>-</del>		
School name	Primary Diagno	esis (Child #1)		
Parents Primary Email	Primary Diagnosis (Child #2)			
Session Day and Time (Child #1)T-Shirt Size	(Child #2)			
(Child #1) YS-YM-YL-AS-AM-AL  I, the parent/guardian of the below named participant, a of Backyard Sports Cares. In consideration of the participant release and indemnify Backyard Sports Cares the owners respective directors, officers, employees, agents, and repaction arising out of or in connection with the participant right to use the participant's name, picture, and/or likenes such use is related to the participant's status as a participant.	minor, agree that I and the participant's participation in the programs and operators of the facilities use presentatives from and against all at's participation in the programs.	oant will abide by the rus, intending to be legalled for the programs, and claims, liabilities, dama I further grant Backyard	ales and regulations by bound, hereby leach of their ges, or causes of l Sports Cares the	
Signature	Date			
Please mail registration form and check to:	Backyard Sports Ca 75 South Broadway 4th Floor			
	White Plains, NY 10	601		

## **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: 9/21, 9/28, 10/5, 10/12, 11/2,11/9

Location: Purchase College Main Gym