

LLC

## 2024 ENROLLMENT APPLICATION

July 1 – August 9<sup>th</sup> – PO Box 3044 Fairfield, CT 06824 – 9:00 am to 12:10 pm

Child (1)	(1	M / F) G1	rade in Sept. 20	24Age _	Birthda	ıy
Child (2)	(]	M / F) G	rade in Sept. 20	024Age _	Birthda	ıy
Child (3)	(]	<b>M</b> / <b>F</b> ) <b>G</b> :	rade in Sept. 20	024Age	Birthda	ıy
Child (4)	(]	M / F) G	rade in Sept. 20	024Age	Birthda	ıy
Mother's name			Father's n	ame		
Mother's cell #			Father's ce	ell #		
Parent's e-mail			Home pho	one #		
Address: (Summer)						
Address: (Winter)		(City	)	(State)		(Zip)
(Str	eet)	(City	)	(State)		(Zip)
Pleas	e select two	(2) of the	following spor	rts for each s	ession atten	ıded:
BASKETBALL	BASEF	BALL	FLAG FO	OTBALL	HOCK	KEY
<b>TENNIS</b>	SOCCI	ER	LACROSS	SE	VOLL	EYBALL
Child (1)	Session 1 (7/1 – 7/5)	Session (7/8- 7/12		Session 4 (7/22 – 7/26)		
Child (2)	Session 1 (7/1 – 7/5)	Session (7/8– 7/12		Session 4 (7/22 – 7/26)	Session 5 (7/29 – 8/2)	Session 6 (8/5 – 8/9)
Child (3)	Session 1 (7/1 – 7/5)	Session (7/8- 7/12	J	Session 4 (7/22 – 7/26)	Session 5 (7/29 – 8/2)	Session 6 (8/5 – 8/9)
Child (4)	Session 1 (7/1 – 7/5)	Session (7/8- 7/12		Session 4 (7/22 – 7/26)	Session 5 (7/29 – 8/2)	Session 6 (8/5 – 8/9)

Please choose t-sh	irt size for	each nartici	nant:	YS
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YS	ΥM	YL	AS	$\mathbf{AM}$	ΑL

I, the parent/guardian of the above named participant(s), agree to abide by the rules and regulations of Red Sky Sports Academy LLC. In consideration of my child's participation in the program and intending to be legally bound, I hereby release and indemnify Red Sky Sports Academy LLC, the owner's and operators of the facilities used for the program, 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 my child's participation in the program. I further grant Red Sky Sports Academy LLC the right to use my participant's name, picture, and/or likeness in print, broadcast or other material concerning the program, provided such use is related to the child's status as a participant in the program.

I understand the registration, payment, refund and cancellation policies of Red Sky Sports Academy LLC and hereby enroll my child for the portion of the 2024 camp season indicated above. I enclose a payment of \$320 per session per child payable to Red Sky Sports Academy LLC.

	_
Signature	Data
Signature	Date

Please mail completed registration form and check made out to Red Sky Sports Academy LLC to:

Red Sky Sports Academy LLC PO Box 3044 Fairfield, CT 06824

Once your application and completed medical for are received and processed, you will receive a confirmation letter and bonus gift.

## REGISTRATION POLICY

The enrollment application must be completed IN FULL including the selection of two (2) activities for each session. Incomplete applications WILL NOT be processed. Some activities fill up early; space cannot be guaranteed. First come, first served. Some activities require the purchase of equipment.

## PAYMENT POLICY

Payment is the responsibility of the person signing the enrollment application. There will be a \$20 additional charge for returned checks.

## CANCELLATION AND REFUND POLICY

All payments received, except a \$20 cancellation and processing fee, are refundable if requested in writing by May 31st. After June 1, there will be no refunds for any session dropped.



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