

RED SKY

SPORTS ACADEMY

LLC

2021 ENROLLMENT APPLICATION

June 28 – August 6th – PO Box 3044 Fairfield, CT 06824 – 9:00 am to 12:10 pm

Child (1) _____ (M / F) Grade in Sept. 2020 ____ Age ____ Birthday _____

Child (2) _____ (M / F) Grade in Sept. 2020 ____ Age ____ Birthday _____

Child (3) _____ (M / F) Grade in Sept. 2020 ____ Age ____ Birthday _____

Child (4) _____ (M / F) Grade in Sept. 2020 ____ Age ____ Birthday _____

Mother's name _____ Father's name _____

Mother's cell # _____ Father's cell # _____

Parent's e-mail _____ Home phone # _____

Address: (Summer) _____

(Street)

(City)

(State)

(Zip)

Address: (Winter) _____

(Street)

(City)

(State)

(Zip)

Please select two (2) of the following sports for each session attended:

BASKETBALL

BASEBALL

FLAG FOOTBALL

HOCKEY

TENNIS

SOCCER

LACROSSE

VOLLEYBALL

Child (1) Session 1 Session 2 Session 3 Session 4 Session 5 Session 6
(6/28 – 7/2) (7/5 – 7/8) (7/12 – 7/16) (7/19 – 7/23) (7/26 – 7/30) (8/2 – 8/6)

Child (2) Session 1 Session 2 Session 3 Session 4 Session 5 Session 6
(6/28 – 7/2) (7/5 – 7/8) (7/12 – 7/16) (7/19 – 7/23) (7/26 – 7/30) (8/2 – 8/6)

Child (3) Session 1 Session 2 Session 3 Session 4 Session 5 Session 6
(6/28 – 7/2) (7/5 – 7/8) (7/12 – 7/16) (7/19 – 7/23) (7/26 – 7/30) (8/2 – 8/6)

Child (4) Session 1 Session 2 Session 3 Session 4 Session 5 Session 6
(6/28 – 7/2) (7/5 – 7/8) (7/12 – 7/16) (7/19 – 7/23) (7/26 – 7/30) (8/2 – 8/6)

Red Sky Sports Academy LLC 2021 tuition is \$320 per session per child.
Some sports fill up early. Space cannot be guaranteed. First come, first served.
Some activities require the purchase of equipment.
Please ask us about our sibling discount.

Please choose t-shirt size for each participant:

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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 2015 camp season indicated above. I enclose a payment of \$295 per session per child payable to Red Sky Sports Academy LLC.

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.

