



COMBINE ACADEMY APPLICATION FORM

Program Location: (Charlotte, Atlanta) _____

PROGRAM INTEREST: (CBA POST-GRADUATE, CBA RED STAR ACADEMY, CBA HIGH SCHOOL, CBA ELITE AAU, CB TRAINING TRIAL): _____

TODAY'S DATE: _____

NAME (Last, First, Middle): _____

HEIGHT: _____ **WEIGHT:** _____

CURRENT SCHOOL: _____

GRADUATION DATE: _____

POSITION: _____

COLLEGE RECRUITING You (If Any): _____

MAILING ADDRESS: BILLING ADDRESS: (If Different)

Street: _____ Apt _____ Street: _____ Apt: _____

City: _____ City: _____

State: _____ ZIP: _____ State: _____ ZIP: _____

E-MAIL ADDRESS: _____

PHONE:

Home: _____ Cell: _____

Business: _____ Fax: _____

PERSONAL INFORMATION:

DOB: (mm/dd/yy) _____ Age: _____ GENDER: Male ___ Female ___

Marital Status: S _____ M _____ SHIRT SIZE (circle one): S M L XL 2XL

Spouse's name: _____ DOB: (mm/dd/yy): _____

Child's Name: _____ DOB: (mm/dd/yy): _____

Child's Name: _____ DOB: (mm/dd/yy): _____

EMERGENCY CONTACT INFORMATION:

EMERGENCY PHONE:

Name: _____ Home: _____

Relation: _____ Cell: _____

LIST ALL OF YOUR MOST RECENT STATISTICS BY CATEGORY (TEAM/CLUB NAME AND RECORD):

LIST ALL ACCOMPLISHMENTS AND AWARDS YOU HAVE RECEIVED (TEAM/CLUB NAME):

SAT/ACT SCORES :

TEOFL SCORES :

GPA (SCHOOL NAME) :

INSURANCE INFORMATION:

INSURANCE ADDRESS & PHONE:

Insurance Name: _____ Address: _____

Insured's Name: _____ City: _____

Insured's DOB: _____ State: _____ Zip: _____

Policy #: _____ Phone: _____

Group #: _____ Fax: _____

SS #: _____

Father's Name: _____

Address (if different than yours):

Street: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Occupation: _____ Employer: _____

Misc: _____

Mother's Name: _____

Address (if different than yours):

Street: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Occupation: _____ Employer: _____

Misc: _____

By signing this document, I attest that I have the above individual health insurance and cannot hold Combine Basketball, LLC liable for any healthcare expenses related to training, practice, games, or any aspect of the Combine Basketball, LLC regimen.

Print Name _____ Signature _____ Date _____

Parent or Guardian - Print Name _____ Signature _____ Date _____

***** All Academy Applicants must submit a copy of their transcripts and 3 references/recommendations along with the submission of this application.**

Submit by Email to: inquiry@combinebball.com

Submit by Mail to:
624 Matthews-Mint Hill Rd. Suite B
Matthews, NC 28105

Combine Basketball Offices 1-704-909-0540