COMBINE ACADEMY TRAINING & TRIALS APPLICATION FORM

PROGRAM INFORMATION

Today's Date:

Program Location:

Sport Training Interest:

Training Program:

(Individual, Group, Team, Strength & Cond. ONLY, NBA Pre-draft, or Professional Level Training)

Training Program Length:

(7-Day, 14-Day, 21-Day, or 28-Day Training Session)

Desired Start Date:

ATHLETIC INFORMATION

Name (Last, First, Middle):

Phone Number:

E-mail:

Gender:

Age:

Height:

Weight:

Position:

Current HS, College/University, or Professional Team/Club:

Home Address:

Street Address Line	City, State, Zip Code

Mailing Address:

Street Address Line	City, State, Zip Code

EMERGENCY CONTACT INFORMATION

Emergency Contact Full Name:

Relationship to Athlete:

Emergency Contact E-mail:

Emergency Contact Phone Number:

Home Address:

Street Address Line	City, State, Zip Code

Mailing Address:

Street Address Line	City, State, Zip Code

STUDENT/PARENT AGREEMENT

I understand that this application for admission will not be considered complete until my school transcript, proof of health insurance, official test scores (if applicable), non-refundable application fee and individualized needs documents have been received by Combine Academy LLC.

I acknowledge that the information presented on this application is complete, correct and truthful, and I am willing to abide by the rules and regulations set forth by the Combine Basketball LLC. If anything is found to be untrue, Combine Academy LLC reserves the right to revoke any offer of admission and, subsequently, remove the student from the Academy without refund.

Applicants of Combine Academy will be considered without regard to race, color, creed, sex, gender, sexual preference or orientation, disability, or national origin.

Print Name_____

Signature_____ **Date**_____

Parent/Guardian

Print Name_____

Signature_____ **Date**_____