



FULL TERM PROGRAMS ADMISSIONS PROCEDURES 2010-2011

CANARIAS BASKETBALL ACADEMY looks for student-athletes who are careful and hardworking in their sport, academics and personal life. We closely reviewed are personal characteristics, school performance and individual sport record, ability, attitude and potential.

ADMISSIONS PROCEDURES

STEP 1: APPLICATION

Complete the CBA Academy FULL TERM PROGRAMS Application which contains the resume to be completed by applicant.

Please submit the following with your application packet:

- Applicant Information: To be completed by the applicant
- Family Information: To be completed by the parent/guardian
- Applicant Questionnaire: To be completed by the applicant

Application Processing Fee.

- 100 € non-refundable fee: Check or money order should be made out to CBA Academy.

Mail or Fax Application to:

- CBA Academy**
c/ Zuloaga, 22
35017 - Tafira Alta
Las Palmas de Gran Canaria
Canary Islands – Spain

- Tel. +34.660.180.665 /Fax:+34.928.378.173

Email: info@cbacademy.org • www.cbacademy.org

Interview and Visit

We recommend that all prospective students visit the Academy for a personal interview. Ideally this interview would take place during a one-week program at the Academy. During that time you will have the opportunity to acquaint yourself with our environment by meeting our coaches and staff, participate in your basketball practices, look at the housing options and more. This experience will allow you to get a feel for the training and lifestyle of our full time students. It will also give you an understanding of the level of commitment we expect from our student athletes. If you are unable to attend in person, we will coordinate a phone interview upon completion of the application.

STEP 2: ACCEPTANCE/DEPOSIT

Once the interview is completed and all paperwork is in order, we will mail or email an Acceptance Confirmation (in certain situations contact you by phone) together with the Tuition Deposit Agreement that must be completed and returned together with the required 4.000 € deposit. Please complete the enrollment form in full, and indicate the housing option of your choice. Please also choose the payment option you would like to follow.



Along with the Acceptance Confirmation, a Tuition Deposit Agreement will be included for you to complete and return.

- Complete the Tuition Deposit Agreement and mail along with a 4.000 € deposit to reserve your space at CANARIAS BASKETBALL ACADEMY.

STEP 3: ENROLLMENT & REGISTRATION

Upon receipt of the Tuition Deposit Agreement, we will mail or email a Tuition Enrollment Agreement, Registration Forms and Health Forms that will need to be completed and returned.

- Complete and return Tuition Enrollment Agreement and Registration Forms.
- Complete Health Forms and return.

Note: All required forms are due FOUR (4) weeks prior to arrival and participation in CBA Academy Full Term programs.

STEP 4: PROGRAM CONFIRMATION PACKAGE AND INFORMATION

Once we have received the Tuition Enrollment Agreement we will email you a Confirmation Package with the whole necessary information.

Complete the forms and return.

If you have any questions please do not hesitate to contact:

CBA Academy

Tel.: +34.660.180.665
Tel. /Fax: +34.928.378.173
Email: info@cbacademy.org
gerencia@cbacademy.org

Please send all forms to:

CBA Academy

C/ Zuloaga, 22
35017 - Tafira Alta
Las Palmas de Gran Canaria
Canary Islands – Spain
Tel. +34.660.180.665 /Fax: +34.928.378.173
Email: info@cbacademy.org



FULL TERM PROGRAMS HELPFUL INFORMATION 2010-2011

Included in this packet are the required forms for participation in the program you choose. In order to avoid any delay in your in participating in the program, please send these forms to Sales Office (Fax: +34.928.378.173 - +34.660.180.665 or info@cbacademy.org) one month prior to arrival and bring a hard copy with you.

The required forms include:

- Admissions Procedures (2 pages).
- Registration form (4 pages).
- Consent for Treatment/Activities (1 page).
- Medical Report (2 pages).
- Waiver and Indemnification (1 page).
- Agreement to participate (2 pages).
- Payment Plan Selected(1 page).
- Bank Form (1 page).
- Transportation Form (1 page).

All individuals under the age of 21 are required to submit these forms, regardless of their boarding status.

All participants under the age of 21, must have a current physical signed by a licensed physician or CRNA (within one year of arrival at CBA) to include the immunization record. We will only accept CBA forms and cannot accept other physical forms from doctor's offices, other school physicals or letters. Also, we cannot accept forms translated into another language.

If the participant has a chronic medical condition which requires special attention such as diabetes, severe allergies or the like, please contact to board at CBA to learn what special requirements might be applicable to attend before you make travel arrangements.



All forms expire one year from the date of the physical. For questions regarding forms, please contact Sales department at +34.928.378.173 - +34.660.180.665 or info@cbacademy.org.

Arrival/Departure

Registration is in the "CBA JUNIOR RESIDENCE" (June - August), where the CBA headquarters are placed.

All students are required to check- in upon arrival.

Check-in is on Tuesday, September 7, 2010 after 11:00 a.m. It is mandatory for the students to check-in on Tuesday. A daily schedule will be given to each student at check-in. Boarding students will be assigned a room.

Plane tickets, passport, student bank money and important documents must be handed in for safe keeping during the student's stay.

Orientation is held after dinner on Sunday evening. At that time, all rules and regulations are covered.

Mandatory checkout (Holiday's breaks or End of Year) is on Saturday before 12 noon.

All boarding students must checkout of their dorms by this time, unless they are continuing into the following week's program. Students may store bags and materials at the designated check out area until their departure time.

Weather Policy

In case of rain or other inclement weather, basketball programs may be shortened. No refunds or discounts will apply.

CBA Academy Reservations: +34.928.378.173 - +34.660.180.665

c/ Zuloaga, 22

35017 - Tafira Alta

Las Palmas de Gran Canaria

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Email: sales@cbacademy.org • www.cbacademy.org



Accommodations

Adult Boarding students are housed in a 2 bedroom/2 bath duplex apartments.

Each apartment can accommodate 4 -6 students (except in cases in which an upgrade is chosen) Apartments have a common living room containing a refrigerator and TV.

Under Age Boarding Students will live in the Specific Residence called "CBA JUNIOR RESIDENCE".

Please note that pets are not allowed.

Staff supervises the apartments and Residence, 24 hrs per day/seven days per week.

We have staff living in the buildings.

Students are housed by gender and age and our Staff will make every attempt to accommodate roommate requests.

Suggested Items to Bring

Prior to arrival, try and play as much basketball as you can to be able to arrive at the academy as fit as possible.

It would be beneficial for you to start a personal conditioning regimen.

You will benefit and enjoy the program more if you are in good shape.

Note: Check with your doctor before starting any physical conditioning or exercise.

CLOTHING

Please limit the amount of clothes you bring with you!

We recommend bringing:

- 2 pairs of basketball shoes and a pair of walk around shoes.
- You will be provided with practice uniforms (training kits) for everyday of the week.
- 2 dress shirts and a pair of jeans for when you are out and about.
- 1 sandal and some swimming shorts for our pool workouts.
- Bring socks (minimum 8 pairs) and underwear for a week.
- Shorts (minimum 6).
- Shower towels (3).

HYGIENE

Bring your own shower gel, toothpaste etc. We do not provide for any of this.

BED LINENS

All bed linens will be provided for, but if you have that very special pillow, feel free to bring it along.

MEDICAL HISTORY

You have to bring the medical history report fact sheet for you to fill out with your parents and send us prior your arrival.

Without this form you will not be able to participate in any physical activity until we have received it.

Make sure to bring your government issued medical or private Health insurance card with you as well.

CONSENT TO TREATMENT

You have to bring the consent form that needs to be signed by your parents prior you arrive in the CBA.

CBA Academy is not responsible for lost or stolen articles of clothing. We recommend not bringing any expensive or unnecessary items.

Please mark all clothing and equipment with the student's name.

Formal dress is not needed. Any after-sport activity will require casual dress only.

TRANSPORTATION

The CBA Academy disposes of a transport service for the students, by means of our own vehicles or using transport companies.

The students have the right in using the following transport services (Included in the Program's Price):

- To be picked up from, and taken to Gran Canaria-Gando airport on arrival to the Academy when the program Starts and when it finalizes and to be picked up from, and taken to, Gran Canaria-Gando airport on official Academy holidays.



Please make all travel preparations at least 72 hours in advance by written, phone, or fax confirmation. Directly notify our office of any changes at the Fax Number: +34.928.378.173. - +34.660.180.665

Please contact the CBA Office at +34.660.180.665 or info@cbacademy.org for prices for extra transportations.

Gran Canaria-Gando Airport

Extra Transportations (For Students or Relatives) to and from Gran Canaria/Gando Airport is 50€ per 4 people each way. There is an additional charge of 20€ each way to pick students that are traveling as unaccompanied minors up at the gate. If your child is traveling as an unaccompanied minor, please indicate this on the transportation form or notify us in advance. Please note that an additional 10 € per hour will be charged if the driver has to wait with the minor longer than two hours for flights departing out of the Gran Canaria/Gando Airport.

Call for group rates.

Bus Station

The San Telmo Bus Station is located in downtown Las Palmas, approximately 20 minutes from CBA Academy. Transportation to and from the San Telmo Bus Station is 25€ per 4 people each way.

Ask for group rate.

For your ease, a transportation form is provided.

Prices are subject to change.

MEDICAL SERVICES

CBA's medical service is at the disposal of all of its student-athletes. This service is available 24 hours a day and guarantees the well-being of its student-athletes during the entirety of the selected program and is equipped with the most common medicinal needs specific to minor basketball injuries. The CBA Junior Residence and the CBA Senior Residence are located less than 700 meters from the local health centre.



If a student-athlete informs us on his medical history form to requiring the daily intake of medicine, he must bring them to the medical service staff immediately upon arriving, enclosing all the necessary information for the control of the process, such as frequency, dosage, prospectus, etc. If the Student-athlete requires special attention to diabetes or is allergic to certain foods or medicines, it is very important to contact with medical services prior to beginning his or her program.

LAUNDRY SERVICE

Laundry service will be available for all student-athletes and Staff. A schedule of pickup and delivery will be posted on the bulletin board of the Residence with the pertinent instructions. All Clothing will be returned washed within 24 from pick up.

Additionally, CBA offers the possibility of special Laundry services, such as, dry cleaning, ironing, tints and others, at an additional cost.

Laundry Service is payable at the beginning of the Program.

CBA BANK-Payments

Looking for the security and control of monies during your stay at CBA, we offer the possibility of opening a personal account for you from which you will be able to have your money secure and at the same time at your immediate disposal to take care of payment of the services consumed at the Academy.

If a credit card is used, the 'Student Bank Form' must be completed.

During pre-determined times during the day, the students can withdraw or deposit money into the account, trying not to exceed the recommended amount €100 weekly.

At the end of your stay at CBA you may withdraw all available money from your account.

The CBA is not responsible for any money lost that is not deposited into the CBA Bank.

SNACK BAR

CBA has a Snack Bar available to all its student-athletes in the "CBA JUNIOR RESIDENCE" and in the Adults Dorms, in which it is possible to enjoy our big screen TV and all major sporting events. Protein and weight gainer shakes, as well as other nutritional snacks are available.



For the use of this service each student must take his personal Identification card snack bar where he charged and then consequently billed monthly for its consumption.

The Snack Bar does not offer a takeout service.

MAIL

The Mailing Address for student-athletes at CBA is:

CANARIAS BASKETBALL ACADEMY

ATT. Name of student

C/ Zuloaga, 22

35017 - Tafira Alta- Gran Canaria

Canary Islands - Spain

Email: info@cbacademy.org • www.cbacademy.org

CBA Staff distributes correspondence daily to the students.

TELEPHONE /FAX

You may contact any student-athlete for emergency purposes only via the Academy phone, +34.928.378.173

Student-athletes may bring their mobile telephones and allowed to uses them during the established hours. All faxes must clearly indicate the name of the student to whom it is intended for and sent to: +34.928.378.173

Students are permitted to bring cell phones to camp.

Phone cards may be purchased at the CBA JUNIOR RESIDENCE on request.

A courtesy phone is available in the CBA JUNIOR RESIDENCE for local calls.

Calling cards may be used on this phone.

SECURITY

CBA has an exhaustive control of entry and exits of its residence the entire 24 hours. No person who does not belong to CBA will be able to enter the interior of the Residence, including the non-resident student-athletes.

Electronic equipment, such as laptops, PSP's, iPods, etc. are not allowed at CBA. To be able to have such equipment, permission must be obtained in writing prior to attendance. CBA



does not make itself responsible for any loss, destroyed or stolen articles brought to the academy.

Personal Items

CBA Academy is not responsible for any lost or missing items. It is recommended that electronic items (iPods, Game Boys, Computers, etc,) not be brought to CBA. All personal items should be clearly marked in indelible pen.

Lost and found items are kept at either the CBA junior residence or at the Office in the CBA Senior Residence.

**Please send the Forms by fax to +34.928.378.173
or by email to; info@cbacademy.org**

FAMILY INFORMATION

<i>PARENT/GUARDIAN (FATHER)</i>	<i>PARENT/GUARDIAN (MOTHER)</i>
Father's Name:	Mother's Name:
Home Address:	Home Address:
City, State, Zip:	City, State, Zip:
Country:	Country:
Home Phone:	Home Phone:
FAX #:	FAX #:
E-Mail Address:	E-Mail Address:
Employer:	Employer:
Business Address:	Business Address:
City, State, Zip:	City, State, Zip:
Country:	Country:
Position/Occupation:	Position/Occupation:
Business Phone:	Business Phone:
Business FAX:	Business FAX:
Siblings (Please give names and ages):	



APPLICATION FOR FULL TERM PROGRAMS

(To be completed by applicant)

Name of Applicant: _____

If you need more space to complete the information below, please feel free to attach additional pages.

A. EDUCATION

Present School:			
School Address:			
City:	State/Province:	Zip:	Country:
School Telephone #:			
Teacher/Counselor:			
<input type="checkbox"/> Independent			
<input type="checkbox"/> Private/Parochial			
<input type="checkbox"/> Public			
Dates of Attendance:			
Current Grade Level Current Grade Point Average			
School Awards/Honors:			

B. OBJECTIVES

List two short- term goals and two long-term goals in the following spaces. Please be specific.

Short-Term:
Long-Term:

C. **Why are you applying to the Full Term program, and what do you hope to gain from your experience at the CBA ACADEMY?**

D. **Describe how you first became involved in your sport.**

E. **Describe your typical daily schedule. Include school, sport and fitness training, and time spent on homework.**

F. **Describe your best performance in Basketball. Include ranking, Stats or team record if applicable.**

- G. List other sports do you enjoy playing/hobbies/special interests.
- H. Name a person who has influenced you in a positive way and tell why.
- I. Briefly describe yourself as a person. Include the qualities you like best and those you can improve on.
- J. If applying to our boarding program, is this your first experience living away from home? If no, please explain.
- K. What languages do you speak?
- L. Are you fluent in these languages?



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CONSENT FOR TREATMENT/ACTIVITIES 2010-2011

This is to certify that the administrative staff of CBA Academy is being given authority by me,

_____ of _____ born on _____

(Print Name of Parent or Guardian)

(Print Name of Child)

(Child's Birth date)

to act on my behalf for any medical care, treatment (including Immunizations), and prescriptions reasonably necessary or medically advisable to maintain the life, health and well-being of my child. This includes, but is not limited to, first aid, prevention and care of injuries, follow-up care, and the taking of over-the-counter prescriptions that are approved by a physician even when the child is not seen by a physician. This consent for treatment extends to the signing and completion of: (1) legal authorization for treatment; (2) consultations; (3) emergency examinations; (4) consent for hospitalization; (5) anesthesia; (6) dental care; (7) treatment or surgery that may be deemed necessary by appropriate medical personnel; and (8) HIPPA.

Child's home address: _____

City: _____ **Zip:** _____ **Country:** _____

Home phone #: _____ **Cell #:** _____

(Please include country and city codes)

Work phone #: _____ **Fax #:** _____

(Please include country and city codes)

Email: _____

List any specific medical information (i.e. allergic reaction to certain drugs, medications) that a physician should be aware of when treating your child:

INSURANCE INFORMATION: *Note: In most instances, medical fees will be charged to your credit card. Medical providers typically do not use international insurances.

PLEASE PROVIDE A COPY of FRONT & BACK of CARD.

Insurance Company: _____

Name of Policy Holder: _____

Birth Date of Policy Holder _____ **Group/Policy #:** _____

Relationship to insured: _____

Insurance Company address: _____

OFF CAMPUS ACTIVITIES:

___ My child has permission to participate in all campus/off-campus supervised activities.

___ My child does not have permission to participate in any campus/off-campus supervised activities.

Parent's Signature: _____ Date: _____

Please send the Form by fax to +34.928.37.81.73 or by email to; info@cbacademy.org



FOTO

MEDICAL REPORT

	Y	N		Y	N
Have you had a medical illness or injury since your last check up or sport physical?			Have you ever had a head injury or concussion?		
Do you have an ongoing or chronic illness?			Have you ever been knocked out, become unconscious or lost your memory?		
Have you ever been hospitalized overnight?			Have you ever had a seizure?		
Have you ever had surgery?			Have you ever had numbness or tingling in your arms hands, legs, or feet?		
Are you currently taking any prescription or nonprescription medicaments or pills or using an inhaler?			Have you ever had a stinger, burner, or pinched nerve?		
Have you ever taken any supplements or vitamins to help your gain or lose weight or improve your performance?			Have you ever become ill from exercising in the heat?		
Do you have any allergies (to pollen, medicine, food or stinging insects)?			Do you cough, wheeze, or have trouble breathing during or after activity?		
Have you ever had a rash or hives develop during or after exercise?			Do you have asthma?		
Have you ever passed out during or after exercise?			Do you have seasonal allergies that require medical treatment?		
Have you ever been dizzy during or after exercise?			Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (knee brace, foot orthotics, hearing aid, etc)?		
Have you ever had chest pain during or after exercise?			Have you had any problems with your eyes or vision?		
Do you get tired more quickly than your friends do during exercise?			Do you wear glasses, contacts, or protective eye wear?		
Have you ever had racing of your heart or skipped heartbeats?			Have you ever had a sprain, train, or swelling after injury?		
Have you had high blood pressure or high cholesterol?			Have you broken or fractured any bones or dislocated any joints?		
Have you ever been told you have a heart murmur?			Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?		
Has any family member or relative died of heart problems or of sudden death before age 50?			Do you want to weigh more or less than you do now?	+	-
Have you had a severe viral infection (myocarditis or mononucleosis) within the last month?			Do you lose weight regularly to meet weight requirements for your sport?		
Has a physician ever denied or restricted your participation in sports for any heart problems?			Do you feel stressed out?		

MEDICAL INSURANCE

Social Security number: _____

Other medical assurances: _____

Company: _____

Number of policy: _____



FOTO

VACCINE DOSES: ENTER MONTH, DAY, AND YEAR EACH IMMUNIZATION WAS GIVEN

	1	2	3	4	5
Diphtheria and Tetanus (DtaP, DTP, Td o DT)	_/_/_	_/_/_	_/_/_	_/_/_	_/_/_
Polio (OPV or IPV)	_/_/_	_/_/_	_/_/_	_/_/_	
Hepatitis B	_/_/_	_/_/_	_/_/_		
Measies- Mumps- Rubella (MMR)	_/_/_	_/_/_	Or Measles Serology: * Date _____ * Title _____ Rubella Serology: * Date _____ * Title _____		
Varicela (vaccine)	_/_/_	_/_/_			
Chicken Pox (disease)	Date _____				

- If your son needs a specific medication during his stay at the Academy, you must fill our the corresponding authorization form which can be requested from Canarias Basketball Academy
- Should the situation arise where my son needs medical attention / hospitalization. I authorize the personnel of Canarias Basketball Academy to make the necessary medical consultations
- Should it be necessary to provide my son with specific medication. I authorize the personnel of the Canarias Basketball Academy to administer it.

Date: _____
 Signed: _____

Medication Administered at Academy

Name: _____

Medication: _____

Dosage: _____

Comments: _____

Date: _____
 Signed: _____

Note: No medication will be administered without this form on file



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WAIVER AND INDEMNIFICATION 2010-2011

Participant's Name: (please print) _____ Program: _____

WAIVER: In consideration of CBA Academy (hereafter "CBA") accepting the enrollment of Participant in a program at CBA and/or Participant's use (today and on all future dates) of the property, facilities, parking lot, buildings, fields, equipment, housing, dining areas (if applicable) and services of CBA, Participant and his/her Parent/Guardian, on behalf of Participant's heirs, next of kin, personal representatives, and/or assigns, promise not to sue or bring any action against CBA, its affiliated companies, or any of their members, directors, officers, employees, volunteers, sponsors, independent contractors or agents, and release each of them from all liability in connection with all claims for (1) personal injury or illness (including death) and (2) damage to, or loss or theft of, property (including personal items, and money), arising from Participant's: enrollment in a program at CBA; presence at CBA; receipt of medical care or treatment for any physical or mental condition; use of CBA's facilities, services, premises and equipment; as well as Participant's negligence, willful misconduct, or criminal behavior; involvement in accidents; participation in horse play, sport program practices, tournaments, instruction, school activities, and social activities; travel; exposure to inclement weather; and/or any other circumstance or cause of a similar nature, but excluding CBA's willful misconduct or criminal behavior.

PUBLICITY CONSENT: Participant and Parent/Guardian consent to all recording, photographing and filming of Participant and all agree that CBA can use these recordings and images at any time and in any manner without payment to, or additional consent of Participant or Parent/Guardian.

INDEMNIFICATION: Participant and Parent/Guardian also agree to indemnify and hold harmless CBA and its affiliated companies and each of their members, directors, officers, employees, volunteers, sponsors, independent contractors and agents, from all claims and amounts related to legal and other action brought against CBA for damages caused by Participant (i.e. for damages incurred while fighting with another participant) and to reimburse CBA for any expenses incurred for claims brought against CBA as a result of Participant's enrollment in a program at CBA; presence at CBA; receipt of medical care or treatment for any physical or mental condition; use of CBA's facilities, services, premises and equipment; as well as Participant's negligence, willful misconduct, or criminal behavior; involvement in accidents; participation in horse play, sport program practices, tournaments, instruction, school activities, and social activities; travel; exposure to inclement weather; and/or any other circumstance or cause of a similar nature, but excluding CBA's willful misconduct or criminal behavior. Participant and Parent/Guardian agree to pay all costs and attorneys' fees incurred by CBA in investigating and defending a claim or suit but only if Participant's (or Parent/Guardian's) claim is withdrawn or to the extent an arbitrator determines that CBA is not responsible for the injury or loss.



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SEVERABILITY AND VENUE: Participant and Parent/Guardian further expressly agree that this waiver is intended to be as broad and inclusive as is permitted by the law of Spain and that if any portion thereof is held invalid, it is agreed that the remaining portion of the waiver will continue in full legal force and effect. Also, Participant and Parent/Guardian agree that all disputes must be resolved using binding arbitration and take place at the office of the courts of Las Palmas de Gran Canaria-Canary Islands (Spain).

ACKNOWLEDGMENT OF UNDERSTANDING: Participant and Parent/Guardian have read this waiver and fully understand its terms. Participant and Parent/Guardian understand that Participant is giving up rights, including the right to compensation for injury resulting from negligence of CBA.

Participant and Parent/Guardian acknowledge that they are signing the agreement freely and voluntarily, and intend their signatures to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signing this waiver as parent/guardian, I acknowledge that I am consenting to Participant's participation in a program at CBA and represent to CBA that I understand all risks are expressly assumed by Participant and myself and all related claims are expressly waived in advance, other than claims not covered herein.

Parent's Signature: _____ Date: _____

Participant's Signature: _____ Date: _____

Please send the Form by fax to +34.928.37.81.73 or by email to; info@cbacademy.org

AGREEMENT TO PARTICIPATE 2010-2011

Participant's Name: (please print) _____ Program: _____

ASSUMPTION OF RISKS: Physical activity, by its very nature, carries with it certain dangers and risks that cannot be eliminated regardless of the great care taken to prevent or minimize harm. CBA has facilities for basketball and related activities such as strength training and running. Some of these activities involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, some involve contact with equipment, fixed objects (e.g. goal posts), other participants (including participants that are older or younger and who may be larger or smaller in terms of weight and height) and various surfaces types, and others involve sustained physical activity that places stress on the cardiovascular and nervous systems. The specific risks vary from one activity to another, but in each activity the risks range from (1) minor injuries such as cuts, bruises, muscle strains and sprains, to (2) major injuries such as broken or fractured bones, concussions, or lost teeth, to (3) catastrophic injuries, such as heart attacks or fractured skull or those that cause disfigurement, loss of mental capacity, loss of sight, speech or hearing, paralysis, or death.

I also understand that the Participant may be exposed, or expose others, to contagious and potentially harmful or deadly disease such as influenza, common cold, chicken pox, meningitis, or measles. Participant will also be exposed to risks while traveling (such as in vans when traveling to and from competitions, social events, or the airport), exposure to large crowds (such as at a big competition), and exposure to risks related to receipt of treatment for any physical or mental condition.

Participant and Parent/Guardian have read the previous paragraphs and (1) understand the nature of the activities at CBA, (2) understand the demands of those activities relative to the physical condition and skill level of Participant, and (3) appreciate the types of injuries and illnesses and risks related to treatment for any physical or medical condition which may occur as a result of activities that I participate in at CBA. Participant and Parent/Guardian hereby assert that participation in a sport program at CBA and use of their facilities and services is voluntary and that Participant and Parent/Guardian knowingly assume all related risks.

ACKNOWLEDGEMENT OF RULES AND STANDARDS OF CONDUCT: I understand that CBA has rules and standards of conduct that are set forth in the CBA FUNCTIONING RULES AND REGULATIONS. I agree to abide by these rules and standards for the safety of all participants, staff, guests and employees.



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ACKNOWLEDGMENT OF UNDERSTANDING: Participant and Parent/Guardian have read this agreement to participate and fully understand its terms.

Participant and Parent/Guardian acknowledge freely and voluntarily signing the agreement to participate and intend the signatures to signify a complete assumption of the inherent risks of participating in or observing activities at CBA to the greatest extent allowed by law in Spain.

In signing this assumption of risk agreement as Parent/Guardian, I acknowledge that I am consenting to the participant's participation at CBA (as specified in paragraph one) and acknowledge that Participant and Parent/Guardian expressly assume all inherent risks of the activity.

Parent's Signature: _____ Date: _____

Participant's Signature: _____ Date: _____

Please send the Form by fax to +34.928.37.81.73 or by email to; info@cbacademy.org

**FULL TERM PROGRAM
 PAYMENT PLAN
 2010-2011**

This is to certify that I choose the next **Payment Plan** for the **FULL TERM PROGRAM** selected for the Season_____

Parent /Guardian_____

Student's Name: _____

Born on _____

A **deposit of 4.000 €** is required to reserve a place. This deposit will be refunded if the student is not accepted and will be credited towards his account no matter what payment is selected.

- ❖ **PAYMENT PLAN "A"**; Payment in Full of the total amount of the tuition, less the deposit, is due by August 10, 2010, 4 weeks before the beginning of the Season (September 7).
- ❖ **PAYMENT PLAN "B"**; First payment of 50 % of the total amount of the tuition less the deposit before August 15, 2010 and 50 % will become effective before November 15, 2010.

Program	Payment Plan A	Payment Plan B (2 equal Payments)
<input type="checkbox"/> FULL TERM HIGH SCHOOL BOARDING	24.500 €	27.000 € - 13.500 €
<input type="checkbox"/> FULL TERM HIGH SCHOOL NON BOARDING	19.600 €	21.600 € - 10.800 €
<input type="checkbox"/> POST GRADUATE BOARDING	13.500 €	14.860 € - 7.430 €
<input type="checkbox"/> POST GRADUATE BOARDING U´18	15.500 €	17.060 € - 8.530 €
<input type="checkbox"/> POST GRADUATE NON-BOARDING	9.500 €	10.458 € - 5.229 €
<input type="checkbox"/> POST GRADUATE NON-BOARDING U´18	11.500 €	12.658 € - 6.329 €

Boarding includes basketball instruction, 3 meals a day in the dining hall, dormitory accommodations, transportation to/from CBA residence, medical appointments and local competitions and activities. **Non Boarding** includes Basketball Instructions and Lunch.

Note; All tuition payments are to be done by wire transfer or check drawn on Spanish Bank. Applications, notifications, acceptance and payments must be handled directly with the sales department.

Parent's Signature: _____ Date: _____

BANK FORM

As a Service for our students, we offer a personal spending “Bank” account. Money may be deposited in this account by cash, check (drawn on Spanish Bank) or money order.

Students May withdraw money on a daily basis (during posted bank hours) from this account, allowing to carry only the money they need.

You may also use this Account to pay for items purchased at the Snack Bar, Laundry Services, CBA Shop, to pay private lessons or transportation.

We suggest than an amount of 100, 00 € per week is adequate. Additional moneys may be deposited at any time.

If this account becomes negative, you have to attend to it during the next 5 days.

Any money remaining at the end of the stay and not withdrawn, will be returned to you in accordance with the procedures listed below.

NOTE: CBA is **not** responsible for any monies not deposited into this account.

Student's Code:

Student's Name:

Arrival Date:

Departure Date:

Season:

- OPTION #1** I deposit by cash the amount of _____€ into my child’s personal spending account. Monies not used and/or withdrawn will be refunded to my child at check out.
- OPTION #2** Enclosed is a check or money order made out to “Promo Sport Canarias” to be deposited into my child’s personal spending account. I understand there is no fee for this service. A check will be mailed to the child’s home address for monies not used and/or withdrawn.
- OPTION #3** I do not wish to open a personal spending account at this time and understand that I may do so at anytime.

Parent/ Guardian’s Signature: _____ Date _____

TRANSPORTATION FORM

PLEASE COMPLETE THE INFORMATION BELOW ONLY IF YOU REQUIRE TRANSPORTION and fax to (+34.928.378.173) or email (info@cbacademy.org), at least 48 hours prior to your travel.

Student's Name: _____
(Please Print)

Student's Cell: _____

If you do not need transportation and are arranging for an adult to drop-off and/or pick up your child, please print their name and phone number.

(Print name of person picking up your child and cell phone or phone)

Note: Before marking unaccompanied minor, check with the airline for definition and rules of unaccompanied minor status. Additional airline fees may apply.

ARRIVAL DATE: _____

Will you require a pick-up from the airport? **YES - NO**

Traveling as an unaccompanied minor? **YES - NO**

Airport: _____ **Airline:** _____

Flight number: _____ **Time:** _____ AM or PM

DEPARTURE DATE: _____

Will you require a drop-off to the airport? **YES - NO**

Traveling as an unaccompanied minor? **YES - NO**

Airport: _____ **Airline:** _____

Flight number: _____ **Time:** _____ AM or PM

CASH in the CBA Office

❖ *For immediate assistance call +34.660.180.665.*

Please send the Form by fax to +34.928.37.81.73 or by email to; info@cbacademy.org