

AGREEMENT/ACKNOWLEDGMENT

I have read the ADF Account Guidelines document in its entirety and understand all guidelines and restrictions governing Athletic Development Funds. By affixing my signature hereto, I agree to abide by the guidelines set forth in the document. I have enclosed \$25.00 in order to cover the first year account maintenance fee.

SIGNATURE OF ATHLETE (PARENT/GUARDIAN
IF UNDER AGE 18)

DATE

PRINT NAME

**RETURN TO: Wheelchair and Ambulatory Sports, USA
 P.O. Box 601623
 Littleton, CO 80162**

By checking the box, I request that an account be set up on the WASUSA website under "Support an Athlete" This will set up a Paypal account in the athlete/team name

Please note: Application must be accompanied by a \$25.00 non-refundable annual/set-up fee