



Empowering athletes since 1956.

Adaptive Sports USA is a 501(c)(3) nonprofit organization.

INDIVIDUAL ADF ACCOUNT APPLICATION

\$100 Opening Deposit & \$25 Account Set Up Fee

MEMBER INFORMATION

Member Number _____
First Name _____ Last Name _____
Phone _____ Email _____

SECONDARY CONTACT INFORMATION

Parent/guardian for dependent primary member.

First Name _____ Last Name _____
Email _____ Phone _____

ADDITIONAL PARTY

You may authorize one additional party to inquire about this ADF account, it's balance and other information pertaining to the account. ADF reimbursement requests submitted by this contact will not be processed.

First Name _____ Last Name _____
Email _____ Phone _____

PASSWORD

When calling to inquire about your ADF account, a password will be required for identity verification before releasing information about the account. Adaptive Sports USA will only release information to the individuals listed on this application.

Call-In Password _____

ACKNOWLEDGMENT & AUTHORIZATION

I authorize Adaptive Sports USA to use my photo, likeness, and testimonials on www.adaptivesportsusa.org and/or printed marketing materials.

By signing below, I certify that I have read the ADF Account Guidelines in its entirety, and understand the guidelines and restrictions governing Athletic Development Fund accounts. I authorize my account information to be shared with only those individuals listed on this application.

Signature _____ Date _____