



AAD Student Athlete Drug Free Oath:

- AADT-shirt
- Oath Certificate
- Opportunity to participate in AAD Youth special events
- Workshops / Seminars
- Meet / Greet opportunities
- Celebrity Events
- Mentoring opportunities
- Specialty items
- Career / Internship opportunities
- Participate in contests

AAD Student Athlete Oath:

“Live a drug free life, committed to doing community service, education and having good leadership on and off the court”.

Name (Print) _____

Signature _____

Address _____

City/State/Zip _____ / _____ / _____

Phone (Day) ____ / ____ - ____ (Evening) ____ / ____ - ____

Email: _____

Sport: _____

Please complete and return this enrollment form with the \$25.00 annual membership fee to:

AAD Membership

455 North Cityfront Plaza Drive, Suite 1420

Chicago, IL 60611

(312) 321-3400, (312) 222-9842 fax

email: info@athletesagainstdrugs.com

Method of Payment

Please check one: _____ Check enclosed (**made payable to:** “AAD”)

_____ Master Card _____ Visa _____ American Express _____ Discover

Account # _____ Exp. Date _____

Signature (Parent's) _____

Sizes (Adult) _____ S _____ M _____ L _____ XL _____ XXL

Total # of **Youth** Memberships: _____