



**VA**  
HEALTH  
CARE | Defining  
**EXCELLENCE**  
in the 21st Century



Dear Veteran and Family Member:

The purpose of this letter is to invite you to attend the 23<sup>rd</sup> Annual National Disabled Veteran's TEE (Training, Exposure, Experience) Tournament. The TEE Tournament is a sporting and rehabilitative experience for veterans with life changing disabilities. The event is sponsored by the VA's National Sports Programs and Special Events and Iowa City VA Health Care System.

Our goal is to provide Veterans with disabilities an opportunity to develop new skills and strengthen their self-esteem through golf. In addition to the game of golf, there is also an opportunity for veterans to be exposed to and experience a variety of rehabilitative, adaptive sports such as bowling, kayaking, horseshoes, tandem cycling, disc (Frisbee) golf and horseback riding activities. The TEE Tournament uses a clinic format to promote rehabilitation, fellowship, and camaraderie among Veteran participants.

If you are interested in this week-long event full of therapeutic adaptive sporting activities we encourage you to fill out the attached application and return it to the address listed. Be sure to fill the application out completely and note the following changes concerning this year's event:

- We need you to provide us your full SSN, date of birth and complete name in order to record your participation at the event in your medical record.
- Registration checks or money orders should be made out to the "GIVE Foundation". In the memo of document please include "NDVTEE Tournament", so those checks can be applied appropriately to the event.
- Refunds due to a cancelation must be made 14 days prior to the event in order to confirm/secure that a refund will be returned.
- There has been some confusion in the past over the difference between a Companion and a Volunteer.

- A “*Volunteer*” is someone who assists the Veteran during the event and has filled out a “Volunteer Application” in most cases they are “Golf Buddies” on the golf course. Attached is a position description for volunteer opportunities.
- A “*Companion*” is someone who pays extra to attend a “Companion Program”. The Companion Program is specifically designed for spouses and caretakers of Veterans. The Companions attend a different program, during the day, while their Veteran is assisted by someone else on the golf course.
- Participants are required to attend the entire week.

The TEE Tournament will be held in the Iowa City, Iowa area September 12-16, 2016; all participants will register on Monday, September 12<sup>th</sup>. In addition, each day will be full of opportunities to meet new people and enjoy the friendly atmosphere of the area. Each evening will have an activity offered, with the closing banquet on Thursday, September 15<sup>th</sup>. The banquet will be an evening of camaraderie and entertainment to end this special week.

I hope that you can be a part of TEE Tournament this year.

Sincerely,



Kirt Sickels

Director, NVTEE Tournament Event

[Kirt.Sickels@va.gov](mailto:Kirt.Sickels@va.gov) / 319-358-5963



**REGISTRATION CHECK LIST**

**RESPONDENT BURDEN:** The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

**PLEASE ENSURE THE ENCLOSED PACKET IS COMPLETELY AND CORRECTLY FILLED OUT OR YOUR APPLICATION CANNOT BE PROCESSED.**

NAME *(First, MI, Last)*

PLEASE INCLUDE THE FOLLOWING FORMS:

- PARTICIPANT REGISTRATION APPLICATION *(Filled out by the competitor) (Form 0927b)*
- PARTICIPANT PHYSICAL EXAM *(Filled out and signed by a medical examiner) (Form 0927c)*
- MEDIA AND NEWS RELEASE QUESTIONNAIRE *(Form 0927d)*
- PARTICIPANT/COMPANION/VOLUNTEER FEE FORM *(Form 0927e)*
- CHECK OR MONEY ORDER – Payable to – “**GIVE FOUNDATION**” - **DO NOT SEND CASH**

**PLEASE MAIL COMPLETED REGISTRATION FORMS, INCLUDING YOUR CHECK OR MONEY ORDER TO:**

**Iowa City VA Health Care System  
Attn. Kirt Sickels, Director NDVTEE  
601 Hwy 6 West  
Iowa City, Iowa 52246-2208**

**Questions Please Call:**

**Kirt Sickels – 319-358-5963  
Kim Heeren – 319-358-5962**

**YOU WILL RECEIVE A CONFIRMATION LETTER ONCE YOUR APPLICATION HAS BEEN ACCEPTED.**



DO YOU NEED A SPECIALIZED GOLF CART TO PLAY?  YES  NO  SINGLE/SOLO RIDER  PARARIDER

YOUR AVERAGE GOLF SCORE FOR NINE HOLES \_\_\_\_\_ HANDICAP \_\_\_\_\_

IF YOU DO NOT PLAY AN ENTIRE ROUND ON EACH HOLE, DO YOU GENERALLY SHOOT  
\_\_\_\_ PAR \_\_\_\_ BOGEY \_\_\_\_ DOUBLE BOGEY \_\_\_\_ TRIPLE BOGEY \_\_\_\_ HIGHER

ARE YOU BRINGING A GOLF BUDDY?  YES  NO (If "Yes", Name: \_\_\_\_\_)

**ALL GOLF BUDDIES MUST FILL OUT A VOLUNTEER FORM. A VOLUNTEER FORM IS ATTACHED TO THIS APPLICATION. IF ADDITIONAL FORMS ARE NEEDED CONTACT LAURIE FRANTZ, VOLUNTEER COORDINATOR, AT 319-338-0581, EXT. 5013; or E-MAIL TO: [LAURIE.FRANTZ@VA.GOV](mailto:LAURIE.FRANTZ@VA.GOV)**

NAME OF GOLF BUDDY PREFERENCE, IF THERE IS A VOLUNTEER YOU PREFER

DO YOU WANT TO PLAY HORSESHOES TUESDAY NIGHT?  
 YES  NO

WHICH ACTIVITIES DO YOU WANT TO PARTICIPATE IN ON WEDNESDAY?  
 BOWLING  
 DISC (FRISBEE) GOLF  
 GOLFING  
 HORSEBACK RIDING  
 KAYAKING  
 PONTOON BOAT FISHING  
 TANDEM BICYCLING

ROOMMATE PREFERENCE (Select one)  
 COMPANION  VOLUNTEER  
 VETERAN PARTICIPANT

NAME  
RELATIONSHIP

ROOM ARRANGEMENTS  
IS A HANDICAP ACCESSIBLE ROOM MEDICALLY REQUIRED? (If yes, why?)  YES  NO  
 WHEELCHAIR  BATH TUB

IF YOU ARE **NOT** PLANNING TO STAY AT THE EVENT HOTEL(S), INDICATED BELOW WHERE YOU WILL BE STAYING.  
(Include: Name, Street, City, State, Zip Code, and Phone Number)

PLEASE LIST ANY DIETARY RESTRICTIONS YOU HAVE

ANY OTHER PERTINENT INFORMATION?

**Early arrival or late departure room rates will be at the participants or volunteers own expense. Please let us know if you intend to come early or depart late and require additional room nights. List here the nights or call Kim Heeren at 319-358-5962.**

\*\*\*\*\* (A PAID COMPANION NEEDS TO FILL OUT A COMPANION REGISTRATION FORM.)\*\*\*\*\*

 **Department of Veterans Affairs** **PARTICIPANT REGISTRATION FORM -- PHYSICAL EXAM**

2016 **NATIONAL DISABLED VETERANS TEE TOURNAMENT**  
*(To be completed by a Clinician. Please type or print clearly)*

**PRIVACY ACT:** VA is asking you to provide the information on this form under USC, Chapter 5, Section 521 and Chapter 17, Section 1710. VA may disclose the information that you put on this form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 121VA19 "National Patient Databases - VA". Providing the requested information is voluntary. However, you will not be able to participate in the event without furnishing this information.

**RESPONDENT BURDEN:** The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

Dear Examining Clinician: Your patient is planning to participate in a three-day event with moderately strenuous, sporting activities, provided that you concur. To ensure that this is an appropriate activity for this Veteran, please conduct a detailed review of his/her medical record. Thank you for assisting us in ensuring this participant's safety.

PATIENT'S NAME	SOCIAL SECURITY NUMBER (Last 4 digits only)	DATE
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PRIMARY DISABILITY/DIAGNOSIS: DATE OF ONSET \_\_\_\_\_

VISUALLY IMPAIRED  
 LEGALLY BLIND    TOTALLY BLIND    RESIDUAL VISION

SPINAL CORD INJURY (SCI)   LEVEL \_\_\_\_\_    COMPLETE    INCOMPLETE

PARAPLEGIC

QUADRIPLEGIC

MULTIPLE SCLEROSIS (MS)

HEAD INJURY

CVA WITH RESIDUAL

AMPUTEE    RIGHT LEG, A/K, B/K    RIGHT ARM, A/E, B/E    OTHER \_\_\_\_\_  
 LEFT LEG, A/K, B/K    LEFT ARM, A/E, B/E

PSYCHOLOGICAL CONDITIONS  
 PTSD    ANXIETY    DEPRESSION    SEIZURES    STROKE

OTHER CONDITION(S) \_\_\_\_\_

PLEASE RATE YOUR PATIENTS LEVEL OF INDEPENDENCE

INDEPENDENT ONCE ORIENTED

NEEDS SIGHTED GUIDE OCCASIONALLY AFTER

ORIENTATION    NEEDS SIGHTED GUIDE CONTINUOUSLY

PATIENT NEEDS

PATIENT REQUIRES ATTENDANT?    YES    NO   IF YES, ATTENDANTS' NAME \_\_\_\_\_

USES OTHER ADAPTIVE EQUIPMENT?    YES    NO

**BRING ANY EQUIPMENT AND MEDICATION YOU NEED FOR THE WEEK!**





Department of Veterans Affairs

**MEDIA AND NEWS RELEASE  
 QUESTIONNAIRE**

**2016 NATIONAL DISABLED VETERANS TEE TOURNAMENT**

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All athletes must complete questions 1-11, whether or not you wish to have a news release. If you would like a news release posted on the Tournament's website about your participation this year, you must fill out this form completely. Our Hometown News program promotes publicity about the event by posting an individual news release for every Veteran who wants one on the Tournament's website during the week of the event. The releases may be found on the Tournament's website, [www.tee.va.gov](http://www.tee.va.gov). In order to prepare your news release, we must have all needed information in advance. We cannot gather this information during the Tournament. If you have any questions, please call VA Public Affairs at (757) 660-5239.

NAME (Last, First, MI)	DATE OF BIRTH	TELEPHONE NUMBER (Include area code)
E-MAIL ADDRESS		CELL PHONE NUMBER (Include area code)

1. PLEASE CONFIRM YOUR BRANCH OF SERVICE  
 AIR FORCE  ARMY  COAST GUARD  MARINE CORPS  NAVY  NATIONAL GUARD  
 OTHER (Please specify) \_\_\_\_\_

2. IF YOU ARE A PEACETIME VETERAN, WHERE AND WHEN DID YOU SERVE? \_\_\_\_\_

3. DID YOU SERVE IN COMBAT IN ANY OF THE FOLLOWING CONFLICTS?  
 WWII  KOREA  VIETNAM  THE GULF WAR  IRAQ  AFGHANISTAN  
 OTHER (Please specify) \_\_\_\_\_

4. WERE YOU EVER HELD AS A POW? (If yes, where)  YES  NO \_\_\_\_\_

5. ARE YOU A VIETNAM ERA (NONCOMBAT) VETERAN?  YES  NO

6. OF WHICH VETERANS SERVICE ORGANIZATIONS ARE YOU A MEMBER?  BVA  PVA  DAV  VFW  
 AMERICAN LEGION  AMVETS  MOPH  OTHER \_\_\_\_\_

7. WHAT IS YOUR PRIMARY DISABILITY/DIAGNOSIS?  
 VISUAL IMPAIRMENT  LEGALLY BLIND  TOTALLY BLIND  
 SPINAL CORD INJURY (SCI) - LEVEL \_\_\_\_\_  COMPLETE  INCOMPLETE  
 PARAPLEGIC  
 QUADRIPLEGIC  
 MULTIPLE SCLEROSIS (MS)  
 HEAD INJURY  
 CVA WITH RESIDUAL  
 AMPUTEE  RIGHT LEG  AK or  BK  RIGHT ARM  AE or  BE  
 LEFT LEG  AK or  BK  LEFT ARM  AE or  BE  
 OTHER \_\_\_\_\_

8. HOW MANY PAST YEARS HAVE YOU PARTICIPATED IN THE NATIONAL DISABLED VETERANS TEE TOURNAMENT?

9. DO YOU WANT US TO PREPARE A NEWS RELEASE ABOUT YOUR PARTICIPATION IN THIS EVENT?  
 YES  NO *(If NO, skip to #11)*

10. IF YOU MARKED "YES" TO A NEWS RELEASE IN QUESTION 9, PLEASE PROVIDE THE FOLLOWING INFORMATION.  
**REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION:**  
 I REQUEST AND AUTHORIZE THE DEPARTMENT OF VETERANS AFFAIRS TO RELEASE THE MEDICAL INFORMATION CONTAINED ON THIS FORM FOR VA MEDIA PURPOSES.  
 I GIVE MY PERMISSION FOR MY PHONE NUMBER TO BE INCLUDED IN MY NEWS RELEASE POSTED ON THE EVENTS' WEBSITE.

11. PLEASE NOTE: TOURNAMENT RESULTS WILL BE POSTED ON THE TOURNAMENT WEBSITE BY PARTICIPANT NAME UNLESS YOU CHECK THE "NO" BOX HERE.  
 NO *(Results will not be posted; sign below)*

12. YOUR QUOTE: HOW DO YOU FEEL ABOUT THIS EVENT, WHY IS IT BENEFICIAL, AND WHAT WOULD YOU TELL OTHER VETERANS ABOUT IT? *(Quotes are used for newsletter stories, participant profiles, speeches, and other public relations activities.)*

\_\_\_\_\_  
SIGNATURE *(You must sign here so we can comply with your wishes)*

\_\_\_\_\_  
DATE SIGNED



## PARTICIPANT, COMPANION AND VOLUNTEER FEES

2016 **NATIONAL DISABLED VETERANS TEE TOURNAMENT**

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**Companion Registration – Please note: If you plan on attending and assisting your Veteran on the golf course you will need to fill out a Volunteer Registration Application.**

COMPANION'S NAME <i>(Last, First, MI)</i>		PARTICIPANTS NAME ATTENDING WITH		
RELATIONSHIP TO PARTICIPANT		ADDRESS <i>(Street, City, State, Zip Code)</i>		
WORK TELEPHONE NUMBER <i>(Include area code)</i>	HOME PHONE NUMBER <i>(Include area code)</i>	CELL PHONE NUMBER <i>(Include area code)</i>		
IN CASE OF EMERGENCY, CONTACT <i>(Name, Last, First, MI)</i>	WORK PHONE NUMBER <i>(Include area code)</i>	HOME PHONE NUMBER <i>(Include area code)</i>	RELATIONSHIP	

COMPANION ACTIVITIES: \$100 \$ \_\_\_\_\_

COMPANION LODGING:

NUMBER OF NIGHTS. IF SHARING A  
ROOM WITH A PARTICIPANT, TIMES \$35 *(Number of nights times \$35 - TOTAL)*

PER NIGHT, PER ROOM \$ \_\_\_\_\_

PARTICIPANT REGISTRATION FEE (\$75) \$ \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

**PLEASE RETURN THIS REGISTRATION FORM WITH YOUR CHECK/MONEY ORDER FOR THE APPROPRIATE FEES *(Do not send cash)*. MAKE CHECKS PAYABLE TO**

GIVE FOUNDATION

**MAIL COMPLETED FORM TO:**

Iowa City VA Health Care System  
NDVTEE Tournament  
601 Hwy 6 West  
Iowa City, Iowa 52246-2208

**CONSENT FOR PRODUCTION AND USE OF VERBAL OR WRITTEN STATEMENTS, PHOTOGRAPHS, DIGITAL IMAGES, AND/OR VIDEO OR AUDIO RECORDINGS BY VA**

Name of individual whose statement, likeness, or voice is requested

**NOTE:** The execution of this form does not authorize production or use of materials except as specified below. The specified material may be produced and used by VA for authorized purposes identified below, such as education of VA personnel, research activities, or promotional efforts. It may also be disclosed outside VA as permitted by law and as noted below. If the material is part of a VA system of records, it may be disclosed outside VA as stated in the "Routine Uses" in the "VA Privacy Act Systems of Records" published in the Federal Register.

The purpose of this form is to document your consent to the Department of Veterans Affairs' (VA) request to obtain, produce, and/or use a verbal or written statement or a photograph, digital image, and/or video or audio recording containing your likeness or voice. By signing this form, you are authorizing the production or use only as specified below.

You are NOT REQUIRED TO CONSENT TO VA's REQUEST to obtain, produce, and/or use your statement, likeness, or voice. Your decision to consent or refuse will not affect your access to any present or future VA benefits for which you are eligible.

You may rescind your consent at any time prior to or during production of a photograph, digital image, or video or audio recording, or before or during your provision of a verbal or written statement. You may rescind your consent after production is complete if the burden on VA of complying with that request is not unreasonable considering the financial and administrative costs, the ease of compliance that number of parties involved, and

(To Be Completed by the VA).

The photograph, digital image, and/or video or audio recording will be produced while I am (describe the activity or situation) **(To Be Completed by the Department of Veteran Affairs, if applicable)**

a participant in an adaptive sport or art therapy program sponsored by the Office of National Veterans Sports Programs & Special Events (NVSP&SE).

**Check at least one of the following (to be completed by VA)**

I hereby voluntarily and without compensation authorize Department of Veterans Affairs NVSP&SE  
Name of Facility

to produce a photograph, digital image, and/or video or audio recording of me (or of the above named individual if the individual is legally unable to give consent).

I hereby voluntarily and without compensation authorize Department of Veterans Affairs NVSP&SE  
Name of Facility

to obtain or use a verbal or written statement from me ( or the of the above named individual if the individual is legally unable to give consent).

I consent to allowing VA to record and use a verbal or written statement, or produce and use photographs, digital images, and video or audio recording for the purpose(s) identified below:

This product will be used: (NOTE: At least one of these boxes must be checked as well as a purpose described below) (to be completed by VA)

Internally (stay within VA)     Externally ( shared outside VA)

**Please check the applicable purpose(s) (to be completed by VA)**

**Promotional Efforts:**

Internal Publication (only VA)     External publication (publicly available)

Other (Specify):    Newspapers, radio stations, television stations, other media outlets, as well as sponsor and partner organizations of the Office of National Veterans Sports Programs and Special Events

**Research Activities:**     Study

**Education Purposes:**

Presentation     Conference     Publication in a Journal     Training

Other (Specify): \_\_\_\_\_

**VA ONLY Use:**

Performance Improvement     Quality Improvement     Health Care Operations

Other (Specify): \_\_\_\_\_

All of the Above

**NOTE:** Do not sign this form unless one or more of the boxes above has been checked.

I have read and understand the foregoing, and I consent to the use of a verbal or written statement from me, and/or of my likeness and/or voice as specified for the above-described purpose(s). I understand that no royalty, fee, or other compensation of any kind will be made to me by the United States for such use. I understand that consent to obtain, produce, and/or use a verbal or written statement, photograph, digital image, and video or audio recording containing my likeness or voice is voluntary, and my refusal will not adversely affect my access to any present or future VA benefits for which I am eligible. I further understand that I may, at any time, rescind my consent prior to or during production of a photograph, digital image, or video or audio recording. I also understand that I may rescind my consent after production is complete if the burden on VA of complying with that request is not unreasonable considering the financial and administrative costs, the ease of compliance, and the number of parties involved.

\_\_\_\_\_  
**Print Full Name (First and Last Name)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Permission Obtained By (TO BE COMPLETED BY VA)**

\_\_\_\_\_  
**Print Employee Full Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**Signature of Person Obtained Obtaining Consent (TO BE COMPLETED BY VA)**

\_\_\_\_\_  
**Print Employee Full Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**IMPORTANT:** If VA is providing or releasing any patient health or demographic information with the verbal or written statement, photograph, digital image, or video or audio recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information, is required prior to the release of such data to any source outside VA.



## **23<sup>rd</sup> National Disabled Veterans TEE Tournament Event Preparation/Training**

*To be completed by Veteran's Coach or Therapist and submitted with application. If you DO NOT have a coach or therapist working with you please fill out the information below and send it in with your NDVTEE Application.*

**What leisure or recreational activities is this Veteran currently involved in with VA?**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**How often does this Veteran participate in the above activities?**

- Daily
- Weekly
- Monthly
- Annually
- Other: \_\_\_\_\_

**What leisure or recreational activities is this Veteran involved with independently?**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**How often does this Veteran participate in the above activities?**

- Daily
- Weekly
- Monthly
- Annually
- Other: \_\_\_\_\_

**What type of training is this Veteran involved in to prepare for active participation in the event?**

- Exercising
- Stretching
- Weight/Strength Training
- Actively golfing
- Other: \_\_\_\_\_

**Speaking from a Health Coach or therapist for this Veteran, what type of programming or health coaching would this individual most benefit from?**

- Exercise program/routine
- Losing weight
- Food & Nutrition Education
- Healthy Goal Setting Consultations
- Diabetes Education
- Heart Disease Education
- Smoking Cessation Education
- Other: \_\_\_\_\_

**Does the Veteran have access to a computer and utilize the MyhealthVet website?**

- Yes
- No

**Have you encouraged them to take the HealthLiving Assessment (HLA) or used tools like the HLA to coach for health?**

- Yes
- No

**Will a coach/therapist attend the TEE Tournament with participant?**

- Yes
- No

\_\_\_\_\_  
Name of Veteran Participant

\_\_\_\_\_  
Signature and Title of Coach/Therapist



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## **23<sup>rd</sup> National Disabled Veterans TEE Tournament General Rehabilitation Goals/Training Form**

*To be completed by Veteran's Coach or Therapist and submitted with application. If you DO NOT have a coach or therapist working with you please fill out the information below and send it in with your NDVTEE Application.*

**As a 2016 TEE participant, what health goals or life improvement expectations do you have?**

- Fitness level
- Physical Abilities
- Mental Health
- Overall Quality of Life
- Learn new skills or re-apply past skills
- Learn about adaptive sports programs in my area
- Take charge of overall health
- Other: \_\_\_\_\_

**What goal(s) are being set in relation to Golf?**

- Learn basics of golf
- Advance my existing skills: (circle one)
- Beginner to Recreational
- Recreational to Competitive
- Competitive to Advanced
- Gain Knowledge of adaptive equipment (what is available, how to secure my own resources)
- Other: \_\_\_\_\_

**With the provided goals listed above, what resources do you have in place to assist you in meeting your goals?**

- VA coach or therapist
- VA program(s)
- Community program(s)
- Other: \_\_\_\_\_

**In addition to golf and golf instruction, what other activities do you anticipate in participating in while at the National Disabled Veterans TEE Tournament?**

- Social Events
- Educational Health Sessions
- Introduction to Horseshoes
- Introduction to Bowling
- Introduction to Kayaking
- Introduction to Horseback Riding
- Introduction to Tandem Bicycling
- Introduction to Disc (frisbee) Golf
- Introduction to Pontoon Boat Fishing

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Name of Veteran Participant

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Signature and Title of Coach/Therapist