



Dear Veteran and Family Member:

The purpose of this letter is to invite you to attend the 24th 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.

The goal of the event 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 promotes 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 "Iowa City VA FCP 4439". 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.
- 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 Companion does not golf with the Veteran and attends a different program each 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 11-15, 2017; all participants will register on Monday, September 11th. 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 14th. 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 / 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 – **“IOWA CITY VA-FCP 4439” - 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.



PARTICIPANT REGISTRATION APPLICATION

2017 NATIONAL DISABLED VETERANS TEE TOURNAMENT

DEADLINE: May 1, 2017

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.

NAME (Last, First, MI)	NAME TAG PREFERENCE	FULL SOCIAL SECURITY NUMBER	DATE OF BIRTH
ADDRESS (Street, City, State, Zip Code, and County)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMERGENCY CONTACT: NAME RELATIONSHIP TELEPHONE () - CELL PHONE () -	
HOME TELEPHONE NUMBER (Include area code)	CELL PHONE NUMBER (Include area code)	E-MAIL ADDRESS	

PLEASE INDICATE YOUR T-SHIRT SIZE
 SMALL MEDIUM LARGE XL XXL XXXL OTHER _____

WHAT BRANCH OF SERVICE WERE YOU IN?
 AIR FORCE ARMY MARINE CORPS NAVY COAST GUARD OTHER _____

WILL YOU BE ACCOMPANIED BY A TRAINED/CERTIFIED ASSISTANCE DOG? YES NO (one dog only)
 WILL YOU REQUIRE A DOG SITTER? YES NO

INDICATE ANY NEED FOR **SPECIAL TRAVEL ASSISTANCE** UPON ARRIVAL OR DEPARTURE. ALL PARTICIPANTS ARE ENCOURAGED TO BRING THEIR OWN ASSISTIVE EQUIPMENT. **ALL PARTICIPANTS MUST BRING THEIR OWN MEDICATIONS.**

DO YOU NEED A WHEELCHAIR-LIFT FOR THE AIRPORT AND ACTIVITIES? <input type="checkbox"/> Yes <input type="checkbox"/> NO	PRIMARY VA MEDICAL CENTER (City & State)
--	--

ARRIVAL DATE AND ESTIMATED ARRIVAL TIME	TRAVEL MODE (Select one) <input type="checkbox"/> VA Trans. <input type="checkbox"/> OWN <input type="checkbox"/> AIR <input type="checkbox"/> BUS
---	---

IN ORDER TO HELP US ASSIGN YOU TO THE OPTIMAL GOLF GROUP AND PROVIDE ADEQUATE INSTRUCTION FOR YOUR GOLF NEEDS, PLEASE LET US KNOW THE FOLLOWING

DO YOU GOLF RIGHT OR LEFT HANDED? RIGHT HANDED LEFT HANDED

HAVE YOU EVER GOLFED BEFORE? YES NO (If "No", skip the next two questions)

ARE YOU BRINGING YOUR OWN GOLF CLUBS? YES NO

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 APPLICATION. A VOLUNTEER APPLICATION CAN BE FOUND AT WWW.TEE.VA.GOV

IF YOU HAVE QUESTIONS REGARDING VOLUNTEERING CONTACT LAURIE FRANTZ AT 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

2017

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 <i>(Last 4 digits only)</i>	DATE
----------------	--	------

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!

PATIENT'S NAME	SOCIAL SECURITY NUMBER <i>(Last 4 digits only)</i>
MEDICAL HISTORY <i>(i.e., diabetes, heart disease, hypertension, respiratory difficulty)</i>	
LIST ALL MEDICATIONS, INCLUDING ASPIRIN AND OTHER "OVER THE COUNTER" MEDICINE	
KNOWN ALLERGIES	
DATE OF LAST TETANUS SHOT	NEEDS A "SHARPS" CONTAINER <input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE PATIENT TAKING COUMADIN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(if yes, which ones)</i> _____ OTHER ANTICOAGULANTS? _____	
DOES THE PATIENT SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ALCOHOL OR OTHER SUBSTANCE USE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PHYSICAL EXAM HEIGHT _____ inches WEIGHT _____ pounds PULSE _____ CARDIAC _____ BLOOD PRESSURE _____ HEAD & NECK _____ PULMONARY _____ ABDOMEN _____ EXTREMITIES _____ HEENT _____ NEURO _____ OTHER FINDINGS _____	
<i>IN MY OPINION, THE ABOVE INDIVIDUAL:</i> <input type="checkbox"/> IS MEDICALLY FIT TO PARTICIPATE <input type="checkbox"/> IS NOT MEDICALLY FIT TO PARTICIPATE	
SIGNATURE OF EXAMING CLINICIAN	NAME OF EXAMING CLINICIAN <i>(Please print)</i>
ADDRESS OF EXAMINING CLINICIAN	TELEPHONE NUMBER
Physicians please note this form will be entered into CPRS	



MEDIA AND NEWS RELEASE QUESTIONNAIRE

2017 NATIONAL DISABLED VETERANS TEE TOURNAMENT

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.

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.

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. 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

2017 **NATIONAL DISABLED VETERANS TEE TOURNAMENT**

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.

Please note: If you plan on attending and assisting your Veteran on the golf course you will need to fill out a Volunteer Application at www.tee.va.gov

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: <i>Number of nights x \$35 per night (\$140 total)</i>	\$ _____
PARTICIPANT REGISTRATION FEE \$100	\$ _____
TOTAL DUE	\$ _____

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

IOWA CITY VA – FCP 4439

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.



24th 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



24th 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 2017 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

Name of Veteran Participant

Signature and Title of Coach/Therapist