Dear Veteran and Family Member:

The Department of Veterans Affairs and DAV invites you to attend the 26th Annual National Disabled Veteran’s TEE (Training, Exposure, Experience) Tournament. This annual event promotes rehabilitation, fellowship and camaraderie among veteran participants and will provide an introduction to the game of golf and other active activities and sports.

Participation in the TEE Tournament is open to male and female military service veterans with qualifying disabilities such as visual impairment, spinal cord injuries, amputations, certain neurological problems and certain life-changing disabilities. Veterans who currently have inpatient or outpatient status at a VA medical facility will have first priority.

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, air rifle, archery and horseback riding activities. All participants are expected to possess good mobility and independent living skills.

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 to record your participation at the event in your medical record.
- Registration fees for the event are $100.00
- Checks/money orders for registration should be made out to: DAV/TEE Tournament.
- Refunds due to a cancellation must be made 14 days prior to the event to confirm/secure that a refund will be returned.
- Participants are required to attend the entire week.
- Due to demand you many only golf in the morning OR the afternoon on Wednesday, September 11.
- 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.

- If a volunteer (golf buddy) is attending with you they must fill out a volunteer application. Volunteer applications can be found at [www.tee.va.gov](http://www.tee.va.gov)

The TEE Tournament will be held in the Iowa City, Iowa area September 8-13, 2019; all participants will register on SUNDAY, September 8th. We look forward to having you as a participant, experiencing the unique and exciting challenges of this special event. 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 12th. 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, Ml, 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 – "DAV/TEE Tournament" - 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.
# 2019 NATIONAL DISABLED VETERANS TEE TOURNAMENT
## DEADLINE: May 1, 2019

**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.

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<table>
<thead>
<tr>
<th>NAME (Last, First, MI)</th>
<th>NAME TAG PREFERENCE</th>
<th>FULL SOCIAL SECURITY NUMBER</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Street, City, State, Zip Code, and County)</td>
<td>GENDER</td>
<td>MALE</td>
<td>FEMALE</td>
</tr>
<tr>
<td>EMERGENCY CONTACT: NAME</td>
<td>RELATIONSHIP</td>
<td>TELEPHONE ( )</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CELL PHONE ( )</td>
<td></td>
</tr>
</tbody>
</table>

**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

**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?**
- YES
- NO

**ARRIVAL DATE AND ESTIMATED ARRIVAL TIME**

**TRAVEL MODE (Select one)**
- VA Trans.
- OWN
- AIR
- 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

**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
If you are female; are you interested in being on an all-women’s team?
□ YES  □ NO

WHICH ACTIVITIES DO YOU WANT TO PARTICIPATE IN ON WEDNESDAY? (If you select Golf it can only be an AM or PM)
□ AIR RIFLE RANGE
□ ARCHERY
□ BOWLING
□ DISC (FRISBEE) GOLF
□ GOLFING – (AM or PM session only)
□ HORSEBACK RIDING
□ HORSESHOES
□ KAYAKING
□ PONTOON BOAT FISHING
□ SCUBA DIVING
□ 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

DO YOU NEED A SMOKING ROOM?  □ YES  □ NO

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?

After you have been accepted to the 2019 National Disabled Veterans TEE Tournament, you will receive information that will enable you to make early arrival or late departure room reservations.

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

VA FORM JAN 2013  0927B
**PARTICIPANT REGISTRATION FORM -- PHYSICAL EXAM**

**2019 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.

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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.

<table>
<thead>
<tr>
<th>PATIENT'S NAME</th>
<th>SOCIAL SECURITY NUMBER <em>(Last 4 digits only)</em></th>
<th>DATE</th>
</tr>
</thead>
</table>

**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

- ★ AMPUTEES  
  - ★ RIGHT LEG, A/K, B/K  
  - ★ RIGHT ARM, A/E, B/E  
  - ★ 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!**
<table>
<thead>
<tr>
<th>Medical History (i.e., diabetes, heart disease, hypertension, respiratory difficulty)</th>
</tr>
</thead>
</table>

LIST ALL MEDICATIONS, INCLUDING ASPIRIN AND OTHER "OVER THE COUNTER" MEDICINE

<table>
<thead>
<tr>
<th>KNOWN ALLERGIES</th>
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</thead>
</table>

DATE OF LAST TETANUS SHOT

<table>
<thead>
<tr>
<th>NEEDS A &quot;SHARPS&quot; CONTAINER</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

IS THE PATIENT TAKING COUMADIN?  

<table>
<thead>
<tr>
<th>OTHER ANTICOAGULANTS?</th>
</tr>
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</table>

DOES THE PATIENT SMOKE?  

<table>
<thead>
<tr>
<th>ALCOHOL OR OTHER SUBSTANCE USE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

PHYSICAL EXAM

<table>
<thead>
<tr>
<th>HEIGHT</th>
<th>inches</th>
<th>WEIGHT</th>
<th>pounds</th>
<th>PULSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CARDIAC</th>
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<table>
<thead>
<tr>
<th>HEAD &amp; NECK</th>
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</table>

<table>
<thead>
<tr>
<th>ABDOMEN</th>
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<tr>
<th>HEENT</th>
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</table>

<table>
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<tr>
<th>NEURO</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>OTHER FINDINGS</th>
</tr>
</thead>
</table>

IN MY OPINION, THE ABOVE INDIVIDUAL:

<table>
<thead>
<tr>
<th>IS MEDICALLY FIT TO PARTICIPATE</th>
<th>IS NOT MEDICALLY FIT TO PARTICIPATE</th>
</tr>
</thead>
</table>

SIGNATURE OF EXAMING CLINICIAN

NAME OF EXAMING CLINICIAN (Please print)

ADDRESS OF EXAMINING CLINICIAN

TELEPHONE NUMBER

Physicians please note this form will be entered into CPRS
2019 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. 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.

<table>
<thead>
<tr>
<th>NAME (Last, First, MI)</th>
<th>DATE OF BIRTH</th>
<th>TELEPHONE NUMBER (Include area code)</th>
<th>E-MAIL ADDRESS</th>
<th>CELL PHONE NUMBER (Include area code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PLEASE CONFIRM YOUR BRANCH OF SERVICE</td>
<td></td>
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</tr>
<tr>
<td>AIR FORCE</td>
<td>ARMY</td>
<td>COAST GUARD</td>
<td>MARINE CORPS</td>
<td>NAVY</td>
</tr>
<tr>
<td>OTHER (Please specify)</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>2. IF YOU ARE A PEACETIME VETERAN, WHERE AND WHEN DID YOU SERVE?</td>
<td></td>
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</tr>
<tr>
<td>3. DID YOU SERVE IN COMBAT IN ANY OF THE FOLLOWING CONFLICTS?</td>
<td></td>
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</tr>
<tr>
<td>WWII</td>
<td>KOREA</td>
<td>VIETNAM</td>
<td>THE GULF WAR</td>
<td>IRAQ</td>
</tr>
<tr>
<td>OTHER (Please specify)</td>
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<tr>
<td>4. WERE YOU EVER HELD AS A POW?  (If yes, where)</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. ARE YOU A VIETNAM ERA (NONCOMBAT) VETERAN?</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. OF WHICH VETERANS SERVICE ORGANIZATIONS ARE YOU A MEMBER?</td>
<td>BVA</td>
<td>PVA</td>
<td>DAV</td>
<td>VFW</td>
</tr>
<tr>
<td>AMERICAN LEGION</td>
<td>AMVETS</td>
<td>MOPH</td>
<td>OTHER</td>
<td></td>
</tr>
<tr>
<td>7. WHAT IS YOUR PRIMARY DISABILITY/DIAGNOSIS?</td>
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<td></td>
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<tr>
<td>VISUAL IMPAIRMENT</td>
<td>LEGALLY BLIND</td>
<td>TOTALLY BLIND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPINAL CORD INJURY (SCI) - LEVEL _____</td>
<td>COMPLETE</td>
<td>INCOMPLETE</td>
<td></td>
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<tr>
<td>PARAPLEGIC</td>
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<tr>
<td>QUADRIPOLEGIC</td>
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<td>MULTIPLE SCLEROSIS (MS)</td>
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<tr>
<td>HEAD INJURY</td>
<td></td>
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<tr>
<td>CVA WITH RESIDUAL</td>
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<td></td>
</tr>
<tr>
<td>AMPUTEE</td>
<td>RIGHT LEG</td>
<td>AK or BK</td>
<td>RIGHT ARM</td>
<td>AE or BE</td>
</tr>
<tr>
<td>LEFT LEG</td>
<td>AK or BK</td>
<td>LEFT ARM</td>
<td>AE or BE</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
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</tbody>
</table>
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
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 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.
26th National Disabled Veterans TEE Tournament
Health Coach Tee-Well Information

Please fill out the information below and submit it with your NDVTEE Application:

NAME: ____________________________ Last #4: ____________________

Rate where you feel you are on the scales below from 1-5, with 1 being Miserable and 5 being Great.

<table>
<thead>
<tr>
<th></th>
<th>1 Miserable</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 Great</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Well-Being</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental/Emotional</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life: How is it to</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>live your day-to-day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>life?</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Great</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

What Matters Most to You?

________________________________________________________________________

Write in a number between 1 (Unsatisfied) and 5 (Very Satisfied) that represents where you are and where you want to be. The goal is not to be perfect in all areas. You do not have to be a “5” now, nor even to be a “5” in the future.

<table>
<thead>
<tr>
<th>Area of Health</th>
<th>Where I am Now</th>
<th>Where I want to Be</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy and Flexibility: Moving and doing physical activities like walking, dancing, gardening, golfing, yoga, cycling, swimming, and working out in a gym.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep and Refresh: Getting enough rest, relaxation, and sleep.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nourish and Fuel: Eating healthy balanced meals with plenty of fruits and vegetables daily. Drinking enough water, limiting sweetened drinks and alcohol.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relaxing and Healing: Tapping into the power of your mind to heal and cope. Using mind-body techniques like relaxation, breathing, or guided imagery.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Growing and Connecting: Having a sense of purpose and meaning in your life. Feeling connected to something larger than yourself. Finding strength in difficult times.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention and Clinical Care: Staying up to date on prevention and understanding your health concerns, care options, treatment plan, and their role in your health.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For more information about Iowa City VA Health Care System VA Clinics, visit: www.iowacity.va.gov/locations
If you had your best possible health right now, what would that look like?

In addition to Golfing and Comradery, how will your participation in NDVTEE 2019 be beneficial for you?

What goal(s) can our Health Coaches help you work on this year?

- Being more Physically Active
- Being Tobacco Free
- Eating Wisely
- Being Safe
- Limiting Alcohol
- Striving for a Healthy Weight
- Actively Participate in my Health Care
- Managing Stress
- Other:

What programs do you participate in with your VA System? (circle all that apply)

- MOVE!
- Tai-Chi
- Diabetic Group
- Heart/Pulmonary Group
- Whole Health
- VIST
- Nutrition
- Mental Health Group
- Yoga
- Other:

What activities do you participate in outside of your VA System?

- YMCA
- Go to the Gym
- Cycling
- Walking
- Fishing
- Volunteering
- SupportGroup(s):
- Other:

Do you use MyHealtheVet?

YES   NO
**PARTICIPANT, COMPANION AND VOLUNTEER FEES**

**2019 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](http://www.tee.va.gov).

<table>
<thead>
<tr>
<th>Companion’s Name (Last, First, MI)</th>
<th>Participants Name Attending With</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Participant</td>
<td>Address (Street, City, State, Zip Code)</td>
</tr>
<tr>
<td>Work Telephone Number (Include area code)</td>
<td>Home Phone Number (Include area code)</td>
</tr>
<tr>
<td>Cell Phone Number (Include area code)</td>
<td></td>
</tr>
</tbody>
</table>

**In Case of Emergency, Contact** (Name, Last, First, MI)  
Work Phone Number (Include area code)  
Home Phone Number (Include area code)  
Relationship

**Companion Activities:** $100  
**Companion Lodging:** covered by DAV  
**Participant Registration Fee:** $100

$________

$ 0

$________

**TOTAL DUE**

$________

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

**DAV/TEE Tournament**

**MAIL COMPLETED FORM TO:**

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