



NATIONAL DISABLED VETERANS



TEE TOURNAMENT

IOWA CITY, IOWA • WWW.TEE.VA.GOV

Dear Veteran and Family Member:

The Department of Veterans Affairs and DAV invites you to attend the 27th Annual National Disabled Veteran's TEE (Training, Exposure, Experience) Tournament (NDVTEE). This annual event promotes rehabilitation, fellowship and camaraderie among Veteran participants and will provide an introduction to the game of golf and alternative activities and sports.

Participation in the NDVTEE 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 priority.

The goal of the event is to provide Veterans with qualifying 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, and horseback riding. 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.
- There is a \$100 lodging commitment to attend.
- Checks/money orders for registration should be made out to: **DAV/TEE Tournament.**
- Provide all required forms and documents. **Only complete applications will be reviewed for consideration.**
- Refunds due to a cancelation 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 and attend scheduled events.
- Due to demand, you may only golf in the morning **OR** the afternoon on Wednesday, September 16.
- Non-service dogs are not allowed at the NDVTEE Tournament. If an animal is brought that is not a certified service animal, you will not be allowed to participate in the NDVTEE Tournament. Please arrange care for your non-service animal in your community and do not bring it with you to the event.



- 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 \$100 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. The \$100 goes to support the Companion Program events.
- 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

The NDVTEE Tournament will be held in the Iowa City, Iowa area September 13-18, 2020; all participants will register on **SUNDAY**, September 13th. 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 17th. The banquet will be an evening of camaraderie and entertainment to end this special week.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Nick Beelner', with a long horizontal flourish extending to the right.

Nick Beelner
Acting Director, NDVTEE Tournament



Department of Veterans Affairs

NATIONAL VETERANS TEE TOURNAMENT

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)*

THE FOLLOWING FORMS ARE REQUIRED FOR A COMPLETE APPLICATION:

- ☐ PARTICIPANT REGISTRATION APPLICATION *(Filled out by the Veteran participant) (Form 0927b)*
- ☐ PARTICIPANT PHYSICAL EXAM *(Filled out and signed by a medical examiner) (Form 0927c)*
- ☐ MEDIA AND NEWS RELEASE QUESTIONNAIRE *(Filled out by the Veteran participant) (Form 0927d)*
- ☐ PARTICIPANT/COMPANION/VOLUNTEER FEE FORM *(Filled out by the Veteran participant) (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
National Disabled Veterans TEE Tournament
601 Hwy 6 West
Iowa City, Iowa 52246-2208**

Questions Please Call:

**Nick Beelner – 319-358-5963
Kim Heeren – 319-358-5962**

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

 Department of Veterans Affairs		PARTICIPANT REGISTRATION APPLICATION	
2020		NATIONAL DISABLED VETERANS TEE TOURNAMENT	
		DEADLINE:	May 1, 2020
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.			
VETERAN INFORMATION			
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 <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL <input type="checkbox"/> OTHER _____			
MILITARY INFORMATION			
WHAT BRANCH OF SERVICE WERE YOU IN? <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER			
DID YOU SERVE IN COMBAT IN ANY OF THE FOLLOWING CONFLICTS? <input type="checkbox"/> WWII <input type="checkbox"/> KOREA <input type="checkbox"/> VIETNAM <input type="checkbox"/> THE GULF WAR <input type="checkbox"/> AFGHANISTAN <input type="checkbox"/> IRAQ <input type="checkbox"/> OTHER _____			
ARE YOU CURRENTLY ACTIVE DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WERE YOU EVER HELD AS A POW? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU RATED BY VA FOR A SERVICE-CONNECTED DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
VA HEALTH CARE INFORMATION			
PRIMARY VA MEDICAL CENTER (City and State)			
ARE YOU ATTENDING WITH A TEAM/COACH? <input type="checkbox"/> YES <input type="checkbox"/> NO			
TEAM LEADER/COACH NAME (Last, First, MI) (if applicable)			
CELL TELEPHONE NO (include area code)	EMAIL ADDRESS	IS THIS YOUR FIRST TIME ATTENDING THIS EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

TRAVEL INFORMATIONWILL YOU BE ACCOMPANIED BY A TRAINED/CERTIFIED SERVICE DOG? ☐ YES ☐ NO *(one certified service dog only)*WILL YOU REQUIRE A DOG SITTER? ☐ YES ☐ NO

TRAVEL MODE (select one)

☐ VA Trans. ☐ Own ☐ Air ☐ BusARRIVAL DATE AND ESTIMATED ARRIVAL
TIMEDO YOU NEED A WHEELCHAIR-LIFT FOR
THE AIRPORT AND ACTIVITIES?☐ YES ☐ NO

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

GOLF*Every participant accepted to this event must participate in golf instruction, even if you golf on a regular basis. Failure to do so will eliminate you from future TEE Tournaments. 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 HANDEDHAVE YOU EVER GOLFED BEFORE? ☐ YES ☐ NO *(If "No", skip the next three questions)*ARE YOU BRINGING YOUR OWN GOLF CLUBS? ☐ YES ☐ NO

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

DO YOU NEED A SPECIALIZED GOLF CART TO PLAY? ☐ YES ☐ NOARE YOU BRINGING A GOLF BUDDY? ☐ YES ☐ NO**ALL GOLF BUDDIES MUST FILL OUT A VOLUNTEER APPLICATION. A VOLUNTEER APPLICATION CAN BE FOUND AT**
WWW.TEE.VA.GOVNAME 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**LODGING***After you have been accepted, you will receive information that will enable you to make early arrival or late departure room reservations.*

ROOMMATE PREFERENCE (Select one)

☐ COMPANION ☐ VOLUNTEER☐ VETERAN PARTICIPANT

NAME

RELATIONSHIP

IS A HANDICAP ACCESSIBLE ROOM MEDICALLY REQUIRED? *(If yes, why?)*☐ YES ☐ NO☐ WHEELCHAIR ☐ BATH TUBDO YOU NEED A SMOKING ROOM? ☐ YES ☐ NOIF 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)***MEDICAL INFORMATION**

ARE YOU CURRENTLY USING:

☐ TOLIET RISER ☐ SHOWER CHAIR

PLEASE LIST ANY DIETARY RESTRICTIONS YOU HAVE:

ARE YOU CURRENTLY USING? *(If yes, bring devices with you)*☐ CPAP ☐ BI-PAP ☐ OXYGEN

ALTERNATIVE ACTIVITIES

Every participant accepted to this event must participate in alternative activities. Failure to do so will eliminate you from future events. Please rank your top five (5) choices. Space is limited in many activities and we cannot guarantee your participation in the activities you choose. The activities are intended to be an introduction.

_____ ADAPTIVE BIKING

_____ AIR RIFLE

_____ BOWLING

If this is one of your top 5 choices:

○ what is your average score _____

○ do you require adaptive equipment? ☐ Yes ☐ No

_____ rails _____ ramps _____ bumpers

_____ DISC (FRISBEE) GOLF

_____ FISHING

_____ GOLF

_____ GOLF INSTRUCTION

_____ HORSEBACK RIDING


_____ HORSESHOES

_____ KAYAKING

_____ ROCK WALL-CLIMBING

_____ SCROLL SAW

_____ SCUBA DIVING

 Department of Veterans Affairs	PARTICIPANT REGISTRATION FORM -- PHYSICAL EXAM	
2020	NATIONAL DISABLED VETERANS TEE TOURNAMENT <i>(To be completed by a Clinician. Please type or print clearly)</i>	
<p>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.</p>		
<p>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.</p>		
<p>Dear Examining Clinician: Your patient is planning to participate in a week-long 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.</p>		
PATIENT'S NAME	SOCIAL SECURITY NUMBER <i>(Last 4 digits only)</i>	DATE
<p>PRIMARY DISABILITY/DIAGNOSIS: DATE OF ONSET _____</p> <p> <input type="checkbox"/> VISUALLY IMPAIRED <input type="checkbox"/> LEGALLY BLIND <input type="checkbox"/> TOTALLY BLIND <input type="checkbox"/> RESIDUAL VISION </p> <p> <input type="checkbox"/> SPINAL CORD INJURY (SCI) LEVEL _____ <input type="checkbox"/> COMPLETE <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> PARAPLEGIC <input type="checkbox"/> QUADRIPLÉGIC <input type="checkbox"/> MULTIPLE SCLEROSIS (MS) <input type="checkbox"/> HEAD INJURY <input type="checkbox"/> CVA WITH RESIDUAL </p> <p> <input type="checkbox"/> AMPUTEE <input type="checkbox"/> RIGHT LEG, A/K, B/K <input type="checkbox"/> RIGHT ARM, A/E, B/ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> LEFT LEG, A/K, B/K <input type="checkbox"/> LEFT ARM, A/E, B/E </p> <p> <input type="checkbox"/> PSYCHOLOGICAL CONDITIONS <input type="checkbox"/> PTSD <input type="checkbox"/> ANXIETY <input type="checkbox"/> DEPRESSION <input type="checkbox"/> SEIZURES <input type="checkbox"/> STROKE </p> <p> <input type="checkbox"/> OTHER CONDITION(S) _____ </p>		
<p>PLEASE RATE YOUR PATIENTS LEVEL OF INDEPENDENCE</p> <p> <input type="checkbox"/> INDEPENDENT ONCE ORIENTED <input type="checkbox"/> NEEDS SIGHTED GUIDE OCCASIONALLY AFTER ORIENTATION <input type="checkbox"/> NEEDS SIGHTED GUIDE CONTINUOUSLY </p>		
<p>PATIENT NEEDS</p> <p> PATIENT REQUIRES ATTENDANT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTENDANTS' NAME _____ USES OTHER ADAPTIVE EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO </p>		
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>Dear Clinician: Your patient is planning on participating in week-long event moderately strenuous, golf or fishing event; provided you concur. Patients are admitted to this clinic based on your judgements about their current health status.</i> IN MY OPINION, THE ABOVE INDIVIDUAL: Is medically fit to participate in: <input type="checkbox"/> Golfing and Adaptive Sporting Activities <input type="checkbox"/> Scuba Diving IN MY OPINION, THE ABOVE INDIVIDUAL: <input type="checkbox"/> Is NOT medically fit to participate	
SIGNATURE OF EXAMINING CLINICIAN	NAME OF EXAMINING 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

2020 NATIONAL DISABLED VETERANS TEE TOURNAMENT

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All Veteran participants 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 _____



Department of Veterans Affairs

PARTICIPANT, COMPANION AND VOLUNTEER FEES

2020

NATIONAL DISABLED VETERANS TEE TOURNAMENT

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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: covered by DAV \$ ____ 0 ____

PARTICIPANT LODGING COMMITMENT \$100 \$ _____

TOTAL DUE \$ _____

PLEASE RETURN THIS REGISTRATION FORM WITH YOUR CHECK/MONEY ORDER FOR THE APPROPRIATE AMOUNT *(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



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.



NATIONAL DISABLED VETERANS



TEE TOURNAMENT

IOWA CITY, IOWA • WWW.TEE.VA.GOV

27th 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.

Physical Well-Being				
1	2	3	4	5
Miserable				Great
Mental/Emotional Well-Being				
1	2	3	4	5
Miserable				Great
Life: How is it to live your day-to-day life?				
1	2	3	4	5
Miserable				Great

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.

Area of Health	Where I am Now	Where I Want to Be
Energy and Flexibility: Moving and doing physical activities like walking, dancing, gardening, golfing, yoga, cycling, swimming, and working out in a gym.		
Sleep and Refresh: Getting enough rest, relaxation, and sleep.		
Nourish and Fuel: Eating healthy balanced meals with plenty of fruits and vegetables daily. Drinking enough water, limiting sweetened drinks and alcohol.		
Relaxing and Healing: Tapping into the power of your mind to heal and cope. Using mind-body techniques like relaxation, breathing, or guided imagery.		
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.		
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.		

If you have been a participant with NDVTEE in the past, what areas of our health and wellness programming did you find useful?

What areas of health and wellness are you working on right now?

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

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

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

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