

"GameON Autism Youth Golf Clinic"



Concept:

Golf Challenge location host clubs will conduct a golf skills clinic for up to 15 beginner to intermediate players from 6-23 years of age. Children will arrive in time for the tee off time of the Golf Challenge and "send-off" the participants. The clinic will then take one hour total including 30 minutes of golf, 15 minutes of bodily/kinesthetic activity and include a healthy refreshment for the attendees for 15 minutes.

Clinic Information:

The GameON Autism Clinic will be held at The University of Texas Golf Club. This is a 7,412 yard, par 71 championship-caliber golf course created by Bechtol Russell Golf Design. Built in the Texas Hill Country, the course overlooks Lake Austin and borders the Balcones Natural Wildlife Preserve, offering challenging shots and views that rival the best in Austin. During the day we will hold an Els for Autism Golf Challenge Tournament which is being hosted by PGA Championship winner, Rich Beem.

Event Info

- Date 9/15/2014– clinic begins at noon
- Registration is free and is open for up to 15 youth on the autism spectrum – the day will include Golf Clinic, Gift Bag, Snacks and Beverages
- Dress code: Collared shirts are the standard required dress on Club grounds. Jeans or denim of any type and cargo pants are not permitted.
- The University of Texas Golf Club, Address: 2200 University Club Drive, Austin, TX 78732, 512-266-6464

Program Endorsement:

Introducing golf to children on the spectrum is supported by multiple golf organizations including US Kids, First Tee and The PGA of America. As a way of developing programming moving forward The PGA of America is sending the clinic format to PGA Professionals so that they can follow the teaching plan for youth on the autism spectrum at their home course. The PGA Sports America programs are endorsed by "PlayGolfAmerica!", "Let's Move!" and US Kids Golf.

Notes: Registrants should be coordinated by the local autism group and provided to Els for Autism. Parents can also bring the form to the event, but we will need the RSVP in advance to ensure we are staffed appropriately. Participants should be attended by an adult. Please let us know what level of golfer they are so that we can have adequate equipment available. Please provide signed player registration form permitting Els for Autism to photograph the children in the clinic.

YOUTH CLINIC PLAYER REGISTRATION



Player Name: _____

Age: _____

Golf Skill Level: First day Beginner Intermediate Advanced

Player information: Non-verbal Player prefers not to be touched

Other things instructor should know: _____

If the player is under 18 please provide the following information for the parent/guardian:

Address: _____

Phone: _____ Email: _____

Release:

Please read the following release, kindly sign it, and return it to the Els for Autism staff.

By signing below I voluntarily assume all risks of loss, property damage, or personal injury, including death, that I may sustain or cause as a result of participating in the GameOn Autism Youth Golf Clinic Program, whether caused by my negligence or that of Els for Autism or its officers, agents or employees, and agree not to make any claim of any kind against Els for Autism its officers, agents or employees for any loss, property damage, or personal injury. I hereby bind other members of my family, my heirs and assigns to this Waiver of Liability and Hold Harmless Agreement.

Els for Autism may take photographs and/or videos of you or your child and other children, or teachers at the event to be used for educational, research, informational and fund raising purposes. I, the player or parent(s) or guardian(s) of the player (if under 18) named above hereby **GRANT** permission for the video tape or photographs which have been or will be taken at the Els for Autism event to be used in a manner that the Els for Autism deems appropriate, including but not limited to, research or educational purposes, fund raising events, community presentations, brochures, or website.

Signature of parent/guardian

Date

Signature of parent/guardian

Date