



2016 Ernie Els #GameON Autism™ Golf PROGRAM

Participating in a golf program can increase self-worth and confidence while providing new opportunities to develop and build friendships, relationships, and deeper ties to the community. The **2016 Ernie Els #GameON Autism™ Golf Program** is a 12-session golf program specially designed to teach children and young adults with ASD how to play the game of golf. Infused with evidence-based practices, #GameON Autism Golf serves as a vehicle for delivering core skills that target the needs of individuals with ASD. There are 12 specially designed lesson plans in the curriculum along with an athletic assessment and warm up/fitness routine. Golf instructors will teach up to 12 participants, ages 6-21, the Ernie Els #GameON Autism Golf Program curriculum. Throughout the course of the program (2 sessions per week for 6 weeks), students will exercise and work on new golf skills, while practicing specific autism learning objectives that are infused into every #GameON Autism Golf session.

Program Information:

- **Dates:** 9/13/2016- 10/20/2016 (2 golf sessions per week for 6 weeks).
- **Days/Times:** Golf sessions will take place every **TUESDAY/THURSDAY** from **5:00-6:00pm**. The first session is **TUESDAY September 13, 2016** at The First Tee of Greater Austin: Harvey Penick G.C.
- **Location:** Harvey Penick Golf Campus | 5501 Ed Bluestein Blvd. | Austin, TX 78723 | P. (512) 732-0380
- **Dress code:** Comfortable outdoor; golf attire/outdoor active attire and tennis shoes.
- **Lead TFT contact:** Jennifer MacCurrach Email: jmaccurrach@firstteeaustin.org
- **Els for Autism contact:** Jen Hong, #GameON Sports Coordinator
Email: jen.hong@elsforautism.org P. (561) 598-6199

Note: Registrants should be coordinated by The Autism Society of Central Texas and The First Tee of Austin. Participants should be attended by a parent, guardian, or teaching professional.

A signed player registration form is mandatory for all participants and should be submitted no later than **September 6, 2016**. Please fill out the information sheet as it will greatly help Els for Autism with program preparations. Please fill out and return to The Autism Society lead contact- Suzanne Potts: suzanne@austinautismsociety.org

2016 GOLF PROGRAM PLAYER REGISTRATION – AUSTIN

Player Name: _____ Age: _____

Approximate height: _____ Player is: o Right handed o Left handed

Golf Skill Level: o First day o Beginner o Intermediate o Advanced

Communicates: o Verbally o With pictures o With a device o Sign language

Receptive language capability: o Full Sentences o 1-2 words o Gestures only

Food or environmental allergies: _____

Medical concerns golf instructors should be aware of (i.e. seizures, heart condition):

My child is best reinforced by: _____

Additional information golf instructor should know:

**If participant has a history of self injurious behaviors, elopement, or aggression towards others, he/she must attend with a 1:1 support person and that person should present and engaged during all golf activities/stations. (caregiver, shadow, aide, behavior therapist, etc.)*

CONTACT INFORMATION

Parent name: _____

Email: _____

Phone: _____

RELEASE, WAIVER OF LIABILITY And ASSUMPTION OF RISK

I understand that the game of golf involves risks and danger that may subject me to serious bodily injury, which may ultimately be fatal. The risks and dangers associated with golf may be caused by my own actions or inaction, or by others participating in the activity. All the possible causes and consequences of participation may not be known to me nor readily foreseeable at this time. My signature on this form demonstrates that I believe I understand the nature of golf activities and that I am in good health and in proper physical condition to participate. I further agree and warrant that, if at any time I believe the activity to be unsafe for me, I will immediately discontinue participation.

I fully accept and assume all risk and all responsibility for losses, costs, liability, injury and damages I may incur as a result of my participation in golf activities at the Els Center of Excellence. Knowing that participation in golf activities entails various risks, and in consideration for being permitted to participate, I release the Els for Autism Foundation, its successors and assigns from any and all costs, claims, actions and liability which may arise in connection with my participation in their golf programs. I further agree to indemnify and hold harmless the Els for Autism Foundation, its employees and contractors for any and all claims arising as a result of my participation in golf activities or any activities incidental thereto, wherever, whenever, or however they may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Florida and I agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in the State of Florida.

Signature of Adult Participant/Participating Minor's Legal Guardian:

Date: _____