




Making golf accessible to persons of all abilities
supported by  Foundation

2009 WORKSHOP REGISTRATION FORM

(PLEASE PRINT INFORMATION)

Name: _____ Age: _____ D.O.B. _____

Address: _____
Street Apt.# City State Zip

Phone: (day) _____ (evening) _____ E-mail _____

In case of emergency contact:

Name: _____ Phone: _____

The game of golf entails driving, pitching, chipping and putting. Due to the twisting motion inherent in driving and pitching, some players may have to avoid these aspects of the game. It is strongly advised that you consult with your physician before you start GolfAbility or any exercise/physical recreation activity.

Briefly describe your disability: _____

Previous golf experience: _____

Do you use a wheelchair? Yes No Sometimes Power

Do you use: Crutches Cane Other: _____

Do you need to play from a seated position? Yes No Not Sure

What outcomes/benefits do you expect from your participation in GolfAbility? _____

Check dates which you plan to participate. Workshops are held on Mondays from 4:00-6:00 p.m.

May 4 May 11 May 18 June 1 June 29

July 13 July 27 August 17

If you plan on attending the Golf Outing, we will pay for golf and cart at the course.

Include a \$15 check for each workshop, payable to: Helen Hayes Hospital Foundation.

Send completed form and check to: Matthew Castelluccio, Adapted Sports and Recreation Coordinator
Helen Hayes Hospital, Route 9W, West Haverstraw, NY 10993

See GolfAbility flyer for full details.

Call Matt Castelluccio, Adapted Sports Coordinator at (845) 786-4950 for more information.

In consideration of my acceptance into GolfAbility, I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against Helen Hayes Hospital, the Helen Hayes Hospital Foundation and the NYS Department of Health, and any other supporters or sponsors and their representatives/successors and assigns for any and all injuries suffered by me in the GolfAbility program. I attest and verify that I am physically fit and my physical condition has been verified by a licensed medical doctor.

Signature: _____ Date: _____

Parent's Signature (if under 18 years): _____ Date: _____