

What is REACH Golf?

Special Kids Connect's **REACH** programs offer recreational and personal development opportunities for children and young adults with disabilities. Collaborations with community partners, such as *Future Citizen's Foundation's The First Tee of Monterey County*, create environments of inclusion that result from peer acceptance and understanding, often on very personal levels, for everyone involved.



Through **REACH Golf**, participants of all abilities will be introduced to the game of golf through The First Tee's **TARGET** curriculum, which develops life skills and promotes character education through golf. Each week, the group will focus on a different skill:



The first five weeks will consist of practice work at the driving range and putting green. On the sixth week, the group will take their skills out onto the course.

Most importantly, **REACH Golf** gives players opportunities to gain self-confidence, improve communication skills, explore new ways of expression and learn how to work effectively and cooperatively with others.

Join us! **REACH Golf's** Winter 2019 program at *The First Tee* takes place over six Wednesday afternoons, beginning Jan. 16 and running through Feb. 20, 2019.



Registration is open to children and young adults, ages 7 to 22. Enrollment fee is \$70.

Equipment will be provided. *Space is limited.*

For more information, visit www.specialkidsconnect.org or call (831) 372-2730.

Special Kids Connect
1900 Garden Road Suite 230
Monterey, CA 93940

Special Kids Connect
Helping Special Kids
Reach for the Stars



Future Citizens Foundation



REACH Golf Winter 2019

Program Registration

Jan. 16 - Feb. 20

Six Sessions

Wednesdays • 4:30 pm - 5:30 pm

SPACE IS LIMITED!

Program Location:

**The First Tee
of Monterey County**
1551 Beacon Hill Drive
Salinas, CA 93905



2019 REACH Golf Winter Registration

6 week program: January 16, 23, 30, February 6, 13, 20

Wednesdays: 4:30 pm - 5:30 pm · Ages 7 to 22 · Enrollment fee: \$70.00

Program location: The First Tee of Monterey County, 1551 Beacon Hill Drive, Salinas, CA 93905

Please print!

Participant Name _____

Birth Date: _____ T-shirt Size (Adult sizing. Circle one): S M L XL 2XL 3XL

Parent / Guardian Name _____

Address _____

City _____ Zip _____ Phone _____

Email: _____

Participant's Medical Information: *Please note any essential medical information, including allergies.*

REACH Golf strives to be as inclusive as possible. Our goal is to provide a program that is enjoyable to all of our participants, regardless of their special needs, while simultaneously insuring the safety of individuals and property. *By initialing below, I acknowledge the statements to be true.*

My child will be able to participate without the visible presence of a parent or guardian. _____

My child is able to signal his/her need to go to the restroom and is able to use the toilet independently. _____

My child is compliant and cooperative with adult and with teen volunteer supervision. _____

My child is able to participate within the context of a group setting. _____

My child does not exhibit injurious behavior to staff, property or self. _____

I agree that if my child is unable to meet the above criteria and / or presents issues unforeseen that would result in harm to the integrity of the program, his / her participation in this REACH Golf offering will be reevaluated. _____

**Mail or drop off forms, with \$70 payment*, to: Special Kids Connect
1900 Garden Road, Suite 230
Monterey, CA 93940**

*Make checks payable to **Special Kids Connect**. Registration is not accepted until payment is received. **There is a mandatory \$35 returned check fee for any check that is returned to Special Kids Connect for insufficient funds.** Space is limited. Registration closes as program fills. If registration is received after the program fills, your payment will be refunded in full. T-shirt sizes will not be guaranteed for registrations accepted after December 28. Sorry, no refunds for accepted applications.

REACH GOLF LIABILITY / WAIVER AND PERMISSION FORM

I understand that my child must be healthy and reasonably fit in order to participate safely in program activities, and I will inform program staff of any ailment, condition, or injury that may affect his/her ability to participate safely. I do hereby certify that to the best of my knowledge and belief that my child is in good health.

I give permission for my child to participate in the REACH program named above. I understand that activities may involve certain risks of physical activity and possible injury and that staff and volunteers will provide each participant with reasonable care, but that Special Kids Connect and/or its community partnering organization cannot guarantee that my child will remain free of injury. I nevertheless wish to have my child participate and I ASSUME the RISK of his/her participation. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS Special Kids Connect, its community partnering organizations(s) and their respective staffs, volunteers, and boards, from any and all claim and/or cause of action arising out of and related to my child's participation in this program/event.

If an injury or other medical condition occurs or arises during my child's participation in this program/event, I hereby give permission to program staff or volunteers to provide first aid. In the event that I cannot be reached in such an emergency, I hereby give permission for the staff to seek emergency treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medial, surgical or dental diagnosis or treatment are considered necessary in the best judgment of the attending emergency medical personnel, physician, surgeon or dentist.

If such medical treatment is necessary, I agree to assume full responsibility for such actions, including payment of costs.

I certify that I have legal custody of and responsibility for the above named child. If I have joint custody of this child, I further certify that I have notified the other parent or responsible party of his/her participation in this program.

I acknowledge that I have carefully read this document and understand the information in it. I agree to each of the terms and acknowledgements above.

Parent Signature

Date

Printed Name

PUBLICITY/IMAGE/VOICE PERMISSION

REACH programs may be photographed, videotaped and/ or audiotaped for program promotional, fundraising and/or educational purposes. Your signature signifies your agreement to the use of these pictures, audio and/or videotapes for promotional, fundraising and/or educational purposes without compensation.

I agree to the above conditions and give permission for my child to be photographed, videotaped and/or audiotaped as part of the REACH program.

Parent Signature

Date