

National Veterans Golden Age Games Application Packet - Table of Contents

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Welcome from Des Moines VA Central Iowa Health Care System Medical Center Director

October 30, 2009

Dear 2010 National Veterans Golden Age Games Athletes:

On behalf of the VA Central Iowa Health Care System, it is my honor and pleasure to invite you to participate in the 24th National Veterans Golden Age Games (NVGAG) scheduled in Des Moines, Iowa, May 25 - June 1, 2010.

Iowa became the 29th state in 1846 with Des Moines becoming the official capital in 1857. Iowa has a strong Veteran centric heritage. A visit to the beautiful golden dome of the Iowa State Capitol features more than 165 acres with monuments from wars past covering the grounds. The most predominant is the Soldiers and Sailors Monument with its granite shaft rising 145 feet that commemorates the soldiers and sailors of the Civil War.

VA Central Iowa Health Care System employees, in keeping with our State motto: *Our liberties we prize and our rights we will maintain*, realize it is a noble mission to serve those American's who made the ultimate sacrifice for those very liberties and rights we hold so dearly. We look forward to providing our Veteran participants with first-class accommodations and superb athletic competition.

Among the spectacular venues being used for this year's competition are the Iowa Events Center, a 115,000 square foot facility in downtown Des Moines, will serve as the site for the indoor sporting events, opening & closing ceremonies, medal ceremonies, meals and support services. It will also serve as the "hub" for all NVGAG related transportation. All hotels are in the downtown area, several within walking distance through the Skywalk System, a completely enclosed, shop lined, elevated sidewalk system that meanders throughout downtown Des Moines. In addition venues like the Blank Municipal Golf Course, Drake University and AMF Lanes, home to Special and Senior Olympics, will showcase our beautiful city.

We would like to express our appreciation for the support and generosity of the 2010 NVGAG Co-sponsors: the Department of Veterans Affairs, Help Hospitalized Veterans and the Veterans Canteen Service.

Enclosed is the 2010 registration packet. Because incomplete applications will be returned, you may wish to have your local VA Recreation Therapy staff or coach help you complete it.

The entire Des Moines community and VA Central Iowa Health Care System are proud and excited to invite you to "let the games begin".

DONALD C. COOPER
DIRECTOR



NATIONAL VETERANS GOLDEN AGE GAMES

Office of the Director
National Veterans Golden Age Games
50 Irving St, NW
Washington, DC 20422

November 5, 2009

Dear 2010 National Veterans Golden Age Games Athletes:

I hope everyone is doing well and preparing themselves for this year's 24th National Veterans Golden Age Games. The staff and volunteers at the VA Central Iowa Health Care System in Des Moines, Iowa are working hard in preparation of your attendance.

Des Moines is a beautiful city and centrally located in the heartland of America and easy to get to from either coast. I think you will enjoy the area with its helpful and friendly citizenry.

Per the request of many participants and coaches we have gone back to a five day competition schedule. This has eliminated the need for any competition to be held in the evenings. Our new schedule has allowed us to hold two of our larger events horseshoes and shuffleboard on multiple days. This should eliminate those two events going well into the evening.

This will also be a qualifying year for the 2011 National Senior Games in Houston, Texas. We wish all of you the best of luck with your practice and training and look forward to seeing you this coming May 26th through 31st in Des Moines, Iowa at "Champions in the Heartland".

Sincerely,

A handwritten signature in black ink, appearing to read 'D. C. Vaughan'.

DEWAYNE C. VAUGHAN
Director
National Veterans Golden Age Games



SPONSORED BY THE DEPARTMENT OF VETERANS AFFAIRS • HELP HOSPITALIZED VETERANS • VETERANS CANTEEN SERVICE

MASTER SCHEDULE - 2010 National Veterans Golden Age Games – Des Moines, Iowa

Tuesday, May 25, 2010

All Day Arrival of Athletes, Coaches, Staff Downtown Des Moines

Wednesday, May 26, 2010

8:00 a.m. – 5:00 p.m. Registration/Check-in Hy-Vee Exhibit Hall
7:00 p.m. – 8:30 p.m. Opening Ceremony Veterans Memorial Auditorium
9:00 p.m. – 11:30 p.m. Social Hy-Vee Exhibit Hall

Thursday, May 27, 2010

8:00 a.m. – 2:00 p.m. Horseshoes Florer Park
8:00 a.m. – 2:00 p.m. Golf Blank Golf Course
8:00 a.m. – 5:00 p.m. Checkers Hy-Vee Hall Meeting Room 1 & 2
3:00 p.m. – 6:00 p.m. Swimming South East Polk High School
5:00 p.m. – 9:00 p.m. Dinner at the Fair IA State Fairgrounds – Agriculture Building

Friday, May 28, 2010

8:00 a.m. – 2:00 p.m. Horseshoes Florer Park
8:00 a.m. – 5:00 p.m. Table Tennis Hy-Vee Exhibit Hall
8:00 a.m. – 5:00 p.m. Croquet Walker-Johnston Park
3:00 p.m. – 5:00 p.m. Medal Ceremony Veterans Memorial Auditorium
7:00 p.m. – 9:00 p.m. VCS Bingo Hy-Vee Exhibit Hall
9:00 p.m. – 12:00 a.m. Coaches Reception All Play

Saturday, May 29, 2010

8:00 a.m. – 11:00 a.m. Air Rifle Hy-Vee Hall Exhibit Hall
8:00 a.m. – 5:00 p.m. Dominos Hy-Vee Meeting Room 1&2
1:00 p.m. - 5:00 p.m. Cycling Hoover High School Track
1:00 p.m. – 4:00 p.m. Kayaking Clinic/Exhibition Gray's Lake Beach
3:00 p.m. – 5:00 p.m. Medal Ceremony Veterans Memorial Auditorium
5:00 p.m. – 11:00 p.m. Dinner at Prairie Meadows Prairie Meadows Casino

Sunday, May 30, 2010

8:00 a.m. – 5:00 p.m. Shuffleboard Hy-Vee Exhibit Hall
8:00 a.m. – 5:00 p.m. 9-Ball Big Dog's Billiards
1:00 p.m. – 4:00 p.m. Kayaking Clinic/Exhibition Gray's Lake Beach
1:00 p.m. – 5:00 p.m. Shot Put Drake University Track & Field
1:00 p.m. – 5:00 p.m. Discus Throw Drake University Track & Field
3:00 p.m. – 5:00 p.m. Medal Ceremony Veterans Memorial Auditorium

Monday, May 31, 2010

8:00 p.m. – 2:00 p.m. Shuffleboard Hy-Vee Exhibit Hall
8:00 p.m. – 3:00 p.m. Bowling AMF Bowling Center
3:00 p.m. – 5:00 p.m. Medal Ceremony Veterans Memorial Auditorium
7:00 p.m. – 9:00 p.m. Closing Ceremony Veterans Memorial Auditorium
9:00 p.m. – 11:30 p.m. Final Medal Ceremony Veterans Memorial Auditorium

Tuesday, June 1, 2010

All Day Departures Downtown Des Moines

Alternate Activities Descriptions

Iowa State Capitol

The 23-karat gold dome gleaming above Des Moines defines the city's impressive skyline. Four smaller domes flank the main dome. It is the only five domed capitol in the country. The Capitol houses the Governor's offices, a law library, legislative chambers, and the Iowa Supreme Court. The beautiful grounds include various monuments and memorials, including WWII, Korean War, and Vietnam War Memorials. This will also be the site for special Memorial Day ceremonies. Athletes are welcome and encouraged to participate in these events.

Iowa Historical Building

Open a treasure chest of Iowa history. Hands-on permanent and temporary exhibits allow visitors to experience Iowa history in ways they may never have before. Uncover the past with thousands of books, photos, manuscripts, maps and newspapers in the historical library. Restaurant and gift shop on premises. FREE self-guided tour.

Living History Farms

Identified as "the best agricultural museum anywhere" by Dr. Terry Sharrer of the Smithsonian Institute, Living History Farms tells the story of how Iowans transformed the fertile prairies of the Midwest into the most productive farmland in the world. Visitors travel at their own pace through five historical time periods spanning 300 years: Interpreters in period clothing authentically farm and work each site. Cost is \$10.00 per person.

Iowa Gold Star Military Museum and Memorial Day Celebration

Learn about Iowa's contributions to the defense of this great nation. Largest military weapons collection in the state. The museum includes all branches of service plus the Iowa State Patrol. Learn the history of the Iowa Army and Air National Guard, the 113th Cavalry and the 34th Infantry Division. In honor of Memorial Day, there will be a live radio broadcast, free breakfast, and two flyovers.

Other places to visit on your own within walking distance of the hotels include:

Iowa Cubs/Principal Park

The Iowa Cubs baseball team is the triple-A affiliate of the Chicago Cubs. Principal Park is home to 72 I-Cubs games each season. The ballpark provides a breathtaking view of the Iowa State Capitol and the downtown skyline. There is a home game on Thursday, May 27th at 12:05 p.m. General admission seats are \$5.00.

The Iowa Hall of Pride

Located in the Iowa Events Center, the Iowa Hall of Pride tells stories of Iowa's heroes in the areas of Academics, Athletics, and the Arts. Open Monday-Saturday 9:30 a.m. -4:30 p.m. Admission is \$4.00 for adults with the dollar off coupon available at registration.

Downtown Farmers Market in the Historic Court Avenue District

Enjoy locally grown food, gifts, and crafts along with and local music. Many shops and restaurants are located in this area as well. Open 7a.m.- noon every Saturday.

Science Center of Iowa and Blank IMAX Dome Theatre

Tour the seven interactive learning areas, three theatres, and more. Hours vary. Cost is \$5.00 if tell them you are here for the NVGAG.

Historic East Village

A thriving and attractive neighborhood for shopping, entertainment, and food located at the foot of the Iowa State Capitol Complex.

Get more information on attractions and places to visit at www.seedesmoines.com and www.downtowndesmoines.com

General Information

WHO MUST REGISTER: All Athletes, Coaches, Support Staff, and Volunteers must register. Each individual registering must complete a separate registration form.

ELIGIBILITY: All Veterans, ages 55 or older, who currently receive inpatient or outpatient care from the U. S. Department of Veterans Affairs.

REGISTRATION DEADLINE: Completed registration packets must be postmarked on or before:

FEBRUARY 15, 2010

PLEASE RETURN COMPLETED PACKETS TO:

Administration Subcommittee
2010 National Veterans Golden Age Games
VA Central Iowa Health Care System
3600 30th Street
Des Moines, IA 50310

If your packet is incomplete, you will be contacted to re-submit missing documents, which will delay your registration. Please enlist the help of your coaches before mailing your packet.

NO LATE REGISTRATION PACKETS WILL BE ACCEPTED

EVENTS: All Athletes must enter at least **two** but no more than **four** events, excluding exhibition events. Complete the Event Selection Form B in the registration packet. Events include Cycling, Bowling, Checkers, Croquet, Dominoes, Golf, Horseshoes, 9-ball, Shot Put, Discus, Air Rifle, Shuffleboard, Table Tennis, and Swimming.

EVENT RULES: Event rules are available on the Internet at:
www.veteransgoldenagegames.va.gov

CLASSIFICATION: All age classifications will be determined by the Athlete's age as of **May 27, 2010**. There are seven age classifications:

55-59 60-64 65-69 70-74 75-79 80-84 85+

Athletes will compete by gender in the following events: **Cycling, Bowling, Horseshoes, Shot Put, Swimming, and Discus.**

General Information (Continued)

CLASSIFICATION: Non-ambulatory Athletes will have a separate division in the following events:

Table Tennis	Swimming	Horseshoes
Nine Ball	Bowling	Shot Put
Shuffleboard	Discus	

Visually impaired Athletes will have a separate division in the following events:

Bowling	Horseshoes	Shuffleboard
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AIR TRAVEL: Athletes should plan to arrive and depart from the Des Moines Airport, approximately 20 minutes from the hotels.

Several of the major airlines are no longer providing oxygen in-flight. Only approved Personal Oxygen Concentrators (POC) will be allowed and must be provided by the traveler. It is likely that all airlines will be implementing this policy.

It is essential that when making air transport plans this change be taken into consideration and appropriate action taken to ensure no issues at time of travel.

NOTE: Eligible Veterans may qualify for a POC at VA expense through Prosthetics Service with appropriate medical justification. Please contact your local VA to determine eligibility.

HOTEL: Hotel reservations and payment are the responsibility of the traveler. Specific hotel information will be forwarded to Athletes after acceptance of registration.

TRANSPORTATION: The Games' organizers will provide transportation for arrivals on **Tuesday, May 25, 2010** between the airport and hotel. Representatives of the Games will greet you at the airport. Transportation for all National Veterans Golden Age Games sponsored events and activities will also be provided from the hotel. If traveling by air, check with your local air terminal for the latest update on Transportation Security Administration (TSA) requirements regarding carry-on items. Athletes traveling with oxygen will need to make arrangements with the airlines regarding the transport of oxygen. Coordination of oxygen services are the responsibility of the Athlete.

Transportation will be provided to the airports for departures on **Tuesday, June 1, 2010**.

WEATHER: Des Moines weather in May is usually warm and sunny with occasional showers. Temperatures average from the mid 80s during the day to mid 70s at night. The hotel rooms and areas for indoor events are all air conditioned. Items to consider bringing include a light jacket, umbrella, sweater, hat, swimsuit, sunscreen (**SPF 30 or higher recommended**), insect repellent, sunglasses, and appropriate clothing for mild temperatures.

General Information (Continued)

- MEDICAL:** Medical assistance will be provided 24 hours a day as part of the 2010 National Veterans Golden Age Games. Emergency medical treatment will be available at the **Des Moines Marriott Hotel**. First aid and patient stabilization will be provided at the events and activities. Ambulances will be called if emergency care is needed. **Medical assistance is not intended for pre-existing conditions.** Athletes must bring with them enough medication and medical supplies to last throughout the Games. **There are no provisions for providing replacement medications and medical supplies.**
- PERSONAL DOCUMENTS:** As whenever you travel, it is recommended you include all of your health and insurance information as part of your personal travel documents
- CONFIRMATION OF REGISTRATION:** Once your completed application has been received and accepted by the 2010 Games office, a letter of confirmation will be sent to you. Included with the confirmation letter will be a form for you to complete regarding your travel itinerary. The travel itinerary form must be returned by **April 14, 2010.**
- WALL OF HEROES:** The National Veterans Golden Age Games traditional “Wall of Heroes” will continue at the Games in Des Moines! Please send a photograph in with your registration packet. Photos should depict Athletes (preferably in military uniform) and be 4”x6” or 5”x7” in size. **Please note that Wall of Heroes photographs will not be returned.**
- MISCELLANEOUS:** Arrival date is Tuesday, May 25, 2010. Dinner will be provided on Tuesday evening. Registration for the Games and events will be on Wednesday, May 26, 2010 from 8:00 a.m. to 5:00 p.m. Opening Ceremonies are at 7:00 p.m. on Wednesday, May 26, 2010.
- National Senior Games** The 2010 National Veterans Golden Age Games is a “qualifying” year for the 2011 National Senior Games. This will allow those Athletes who finish first, second, or third place in the respective qualifying events and meet National Senior Games standards to become eligible to compete at the National Senior Games in Houston, Texas in 2011. The qualifying events include: Golf, Bowling, Horseshoes, Shuffleboard, Table Tennis, Shot Put, Discus and Swimming (50 yard Freestyle and 50 Yard Backstroke). The National Senior Games uses the rules provided by the governing body of their respective sports, the rules are not adapted in any way. Veterans who qualify for the 2011 National Senior Games will be responsible for all costs/expenses related to their participation in the 2011 National Senior Games.

General Information (Continued)

For more information, contact the 24th NATIONAL VETERANS GOLDEN AGE GAMES Office:

Administration Sub Committee
2010 National Veterans Golden Age Games
VA Central Iowa Health Care System
3600 30th Street
Des Moines, IA 50310

By e-mail at:
NVGAG.2010@va.gov

By telephone toll-free at:
1-877-806-8424 (please leave a message)

PLEASE FEEL FREE TO MAKE ADDITIONAL COPIES OF THIS REGISTRATION PACKET

Lodging Information

Lodging: The 2010 National Veterans Golden Age Games will be held in Des Moines, Iowa. After receipt of your completed registration packet, you will receive a letter of confirmation with further instructions for making hotel reservations. You will be responsible for making your reservations by contacting the Convention and Visitors Bureau Housing Office listed on your confirmation. Please specify your need for an accessible room, if applicable, when completing your reservations. **YOU WILL NOT BE ABLE TO MAKE HOTEL RESERVATIONS PRIOR TO THE RECEIPT OF YOUR LETTER OF CONFIRMATION.**

**Hotel
Reservation
Deadline:**

April 26, 2010, 5p.m. Central Day Light Time

Meals: Meals are furnished at no cost to all 2010 NVGAG Veteran Athletes.

Transportation: Travel to and from the Des Moines airport and competitive events will be provided. If you need wheelchair/scooter assistance, please annotate on the Registration Form to ensure proper transportation can be arranged.

Athlete Registration Checklist

Please ask your coach or medical center staff to review this checklist with your attached forms prior to mailing.

Registration Deadline is February 15, 2010

Name: _____

ATHLETE FORMS

- Athlete Application (Form A)
 - Event Selection (Form B)
 - Consent for Use of Picture and/or Voice (VA form 10-3203)
 - Waiver and Release of Liability (Form D)
 - General Medical Information (Form E)
 - Current EKG Report
 - Current Medication Profile
 - Alternate Activities (Form F)
-

Registration Deadline is February 15, 2010

ATHLETE INFORMATION

Last Name: _____ First Name: _____ MI: _____

Male Female

Date of Birth: _____ / _____ / _____ Your Age as of May 27, 2010 _____

DIVISION: Ambulatory Wheelchair Visually Impaired (Legally Blind)

If you are a member of a Veterans Service Organization, indicate that organization _____

Please indicate your t-shirt size: Small Medium Large XL XXL XXXL

Primary VA Medical Center: _____ Team Coach: _____

Telephone # of Team Coach (regular): _____ During the games _____

Your Street Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Day Phone: () _____ Cell Phone: () _____

WHEELCHAIR/SCOOTER INFORMATION (Please provide the following information about your wheelchair and/or scooter. This information can be obtained from your Prosthetics Department.)

Are you able to able to ambulate short distances without assistance? Yes No

Manufacturer: _____ Model/Make: _____ Serial Number: _____

Type: Power Manual Frame Type: Rigid Folding

Camber: _____ Weight: _____ Overall Width: _____

Seat Height: _____ Seat Width: _____ Seat Depth: _____

Front Wheel/Caster Type: Wheel Caster Height: _____ Width: _____ Tire Size: _____

Back Wheel/Caster Type: Wheel Caster Height: _____ Width: _____ Tire Size: _____

Wheelchair/cart Inspected by: _____ Telephone Number: _____

It is your responsibility to have your wheelchair/scooter inspected by a VA prosthetic specialist and/or designee before arrival at the Games to insure that your equipment is in good working order.

Do you have a service dog? Yes No

ASSISTIVE EQUIPMENT- All Athletes are encouraged to bring their own assistive equipment (shower benches, commode chairs, etc.). A limited number of such equipment will be available on a first-come, first-served basis during the Games. Please indicate the items needed along with style, model numbers, etc., and we will try to accommodate you: _____

You must plan to bring any medications you take and any assistive equipment you use.

Name _____ Male Female

Age (as of May 27, 2010): 55-59 60-64 65-69 70-74 75-79 80-84 85+

Check at least two, but not more than four events. When Athletes are scheduled for two events with conflicting times, attend the tournament events first. Otherwise, the Athlete will be disqualified for failure to report for the event on time. Tournament events are designated with an *. DO NOT schedule conflicting events!

Division Classification- I will be competing in the following Division (Check only one):

Ambulatory Wheelchair Visually Impaired (Legally Blind)

When you register in one division, you must register for all events in that division.

THURSDAY, MAY 27

NOTE - Athletes may not compete in both Golf and Checkers or Golf and Horseshoes.

Golf:

Ambulatory Division Only

8:00 AM – 2:00 PM

VI division starts at 11AM. All Golfers must bring their own clubs.

***Checkers:** All Divisions

8:00 AM 55-59 & 65-69

10:00 AM 80-84 & 85+

1:00 PM 60-64 & 75-79

3:00 PM 70-74

***Horseshoes:** All Divisions

8:00 AM 60-64

9:30 AM 75-79

10:30 AM 70-74

11:30 AM 65-69

NOTE - You may select no more than two swimming events which will count toward two of the total of four events that you may compete in.

Swimming:

Ambulatory & Wheelchair Division

Starts at 3:00 PM; Ends at 6:00 PM

All Age Groups

Freestyle 25 yard

Freestyle 50 yard

Backstroke 25 yard

Backstroke 50 yard

FRIDAY, MAY 28

NOTE - Athletes may not compete in both Croquet and Horseshoes or Croquet and Table Tennis.

***Horseshoes:** All Divisions

8:00 AM 55-59

10:00 AM 80-84

10:30 AM 85+

FRIDAY MAY 28 (Cont)

*Table Tennis:

Ambulatory & Wheelchair Division

8:00 AM 60-64

9:30 AM 65-69

10:30 AM 70-74

1:00 PM 55-59

2:00 PM 80-84 & 75-79

3:00 PM 85+

***Croquet:** Ambulatory Division

8:00 AM 60-64

9:30 AM 80- 84 & 85+

10:30 AM 75-79

1:00 PM 55-59

2:00 PM 65-69

3:00 PM 70-74

SATURDAY, MAY 29

***Dominoes:** All Divisions

8:00 AM 55-59 & 75-79

10:00 AM 60-64 & 70-74

1:00 PM 80-84 & 85+

3:00 PM 65-69

Air Rifle: Ambulatory & Wheelchair Division

8:00 AM – 11:00 AM

Cycling: Ambulatory Division

1:00 PM ¼ Mile

1:00 PM ½ Mile

(Appropriate foot attire must be worn)

NOTE- Event includes a 45 minute clinic followed by the competition. Athletes must remain at the event the entire time.

Kayaking Exhibition Event:

Ambulatory & Wheelchair Divisions

1:00 PM – 4:00 PM

SUNDAY, MAY 30

***Shuffleboard:** All Divisions

8:00 AM 60-64

9:30 AM 65-69

11:00 AM 55-59

1:00 PM 75-79

***Nine Ball:**

Ambulatory & Wheelchair Divisions

8:00 AM 75-79

9:30 AM 80-84 & 85+

10:30 AM 70-74

1:00 PM 60-64

2:00 PM 55-59

3:00 PM 65-69

Shot Put: Ambulatory & Wheelchair Divisions

1:00 PM – 5:00 PM

Discus: Ambulatory & Wheelchair Divisions

1:00 PM – 5:00 PM

NOTE- Event includes a 45 minute clinic followed by the competition. Athletes must remain at the event the entire time.

Kayaking Exhibition Event: Ambulatory & Wheelchair Divisions

1:00 PM – 4:00 PM

MONDAY, MAY 31

Bowling: All Divisions

Starts at 8:00 AM; Ends at 3:00 PM

Ambulatory

Wheelchair

Wheelchair Adaptive

Visually Impaired

***Shuffleboard:**

All Divisions

8:00 AM 70-74

9:30 AM 80-84

11:00 AM 85+

Consent for Use of Picture and/or Voice (VA Form 10-3203) Form C



Department of Veterans Affairs

CONSENT FOR USE OF PICTURE AND/OR VOICE

CONSENT OF (Name)

--

NOTE: The information requested on this form is solicited under the authority of title 38, United States Code. The execution of this form does not authorize disclosure of the materials specified below except for the purpose(s) stated. The specified material may be used within the VA for authorized purposes, such as for education of VA personnel or for VA research activities. It may also be disclosed outside the VA as permitted by law. If the material is part of a VA system of records, it may be disclosed outside the VA as stated in the 'Routine Uses' in the "VA Privacy Act Systems of Records" published in the Federal Register. A copy of the 'Routine Uses' is available upon request to the administrative office of the VA facility involved. You do not have to consent to have your picture or voice taken, recorded, or used. Your refusal to grant your consent will have no effect on any VA benefits to which you may be entitled.

I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me (or of the above-name individual if the individual is legally unable to give consent) by (specify the name of the VA facility, newspaper, magazine, television station, etc.)

Department of Veterans Affairs National Rehabilitation Special Events

While I am (describe the activity, if any to be photographed or recorded)

A participant in the 2010 National Veterans Golden Age Games.

I authorize disclosure of the picture and/or voice recording to (specify name and address of the organization, agency, or individual(s) to whom the release is to be made)

Newspapers, radio stations, television stations and all other media outlets. In addition, VA may release this information in the form of other media products to promote the National Rehabilitation Special Events.
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I understand that the said picture, video and/or voice recording is intended for the following purpose(s):

To promote the positive aspects of the 2010 National Veterans Golden Age Games.

I have read and understand the foregoing and I consent to the use of my picture and/or voice as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by the United States for such use. I understand that consent to use my picture, video and/or voice recording is voluntary and my refusal to grant consent will have no effect on any VA benefits to which I may be entitled. I further understand that I may at any time exercise the right to cease being filmed, photographed or recorded, and may rescind my consent for up to a reasonable time before the picture, video or voice recording is used.

SIGNATURE OF INDIVIDUAL OR OTHER LEGALLY AUTHORIZED PERSON	DATE

PERMISSION OBTAINED BY (NAME - TITLE - ADDRESS)

SIGNATURE OF INTERVIEWER OR INDIVIDUAL OBTAINING CONSENT	DATE

PRODUCTION TITLE	PRODUCTION NUMBER
National Veterans Golden Age Games	

INDIVIDUAL'S NAME AND ADDRESS	<p>IMPORTANT: This form must always be completed prior to the making or using pictures, video or voice recording(s) of any VA patient. If any patient health or demographic information is to be provided or released with the picture, video or voice 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.</p>
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Read before Signing

RELEASE OF LIABILITY:

In consideration of being allowed to participate in the 2010 National Veterans Golden Age Games, related events, and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in these Games is significant, including the potential for serious bodily injury, including death, and property damage. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, and assume full responsibility for my participation.
2. I willingly agree to comply with the stated and customary terms and conditions for my participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
3. I, for myself and on behalf of my guardians, executors, heirs, assigns, personal representatives, and administrators, HEREBY RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE, AND FOREVER DISCHARGE, the United States Government; the Veterans Canteen Service, Help Hospitalized Veterans; their officers, directors, officials, members, agents, and employees; and any and all sponsoring agencies, sponsors, advertisers, owners, and lessors of premises used to conduct the Games, related events, and activities; and, officials, volunteers, and other participants of the 24th National Veterans Golden Age Games, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any and all injury, disability, death, or loss or damage to person or property.
4. I consent to medical treatment in the case of emergency. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.

I HAVE READ THIS ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature: _____ Date Signed: ____/____/____

Name(Please Print): _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Phone Number: _____

Address: _____
Street City State Zip Code

Relationship: _____

Medical Clearance Instructions for Athletes

You must be seen by your VA Primary Care Provider to be medically cleared to participate in the Games.

Reminder: We will not provide routine medical care, replacement medications, replacement equipment or replacement supplies for pre-existing conditions. You must bring enough medication and medical supplies to last throughout the Games. Any medication or medical supplies provided on site will be charged back to your medical facility. We will not refill any narcotic prescriptions.

Athletes using oxygen must have their sponsoring VA Medical Center coordinate oxygen services, including supplies, with a local oxygen provider.

We will provide medical assistance 24 hours a day at the Triage Clinic in the Marriott Des Moines Hotel. We will also provide first aid and medical stabilization at the events and activities. Ambulance care will be provided as needed.

When you check-in for the Games, you must tell us if there have been any significant changes in your health since you completed your application. These include:

- Changes in medication
- Admissions/Hospitalizations
- New diagnosis, problems, or conditions

We need current addresses and phone numbers for:

- You
- Next of Kin
- Emergency Contact Person
- Your Primary Care Provider
- Sponsoring Facility Point of Contact

Have your VA Primary Care provider complete the enclosed General Medical Information/Medical Form (Form E) enclosed in this packet.

A physician, nurse practitioner or physician assistant must fill out and sign this form.

Dear Provider: Pending your approval, your Veteran patient plans to participate in various athletic events and/or games which may be strenuous and/or dangerous depending on his/her condition. Additionally, should your Veteran patient require personal ADL assistance, please understand this will not be provided by the VA Central Iowa Health Care System and would be a reason not to clear him/her unless he/she is accompanied by a caregiver.

All fields require an answer. If any question does not apply to this patient please indicate "NA."

Veteran's Name: _____ Today's Date: _____
Last First

SSN: _____ Veteran's Date of Birth: _____ Age: _____

PLEASE REVIEW PATIENT DEMOGRAPHICS FOR ACCURACY BEFORE YOU COMPLETE THIS FORM

Height: _____ Weight: _____ Blood Pressure: _____

PROBLEM LIST (Active Problems): COPD Heart Failure Hypertension Diabetes Other

I have reviewed the above active problems and confirm that this list is current. Yes No

I have attached a 12 Lead EKG that was completed within the last 6 months. (Required)

All Active Medications: _____

I have reviewed the above medications and the Veteran is taking them as directed. Yes No

LAST ADMISSION: _____ REASON FOR ADMISSION _____

Allergies: _____

Vision: Is the Veteran visually impaired (legally blind)? Yes No

Hearing: Is the Veteran hearing impaired? Yes No

Tetanus Toxoid Date: _____ Please update Tetanus if not within 10 years. (Required)

PPD date: _____ required within 12 months.
If positive, send current chest x-ray report that was taken after positive PPD.

Is the patient free of communicable diseases? Yes No-Explain _____

Can he/she take his/her own medications? Yes No

Please advise Veteran of his/her responsibility for bringing enough medication for the trip and the week.
VA Central Iowa Health Care System **WILL NOT PROVIDE NARCOTIC REFILLS FOR ANY REASON.** The cost of any medical expenses and/or medications will be charged back to the Veteran or the Veteran's originating facility.

Veteran's Name: _____

Special Needs:

Does the Veteran need assistance with the following ADLs?

- | | | | | | |
|---------------|--|--------------|--|------------|--|
| a. Ambulation | <input type="checkbox"/> Yes <input type="checkbox"/> No | b. Transfer | <input type="checkbox"/> Yes <input type="checkbox"/> No | c. Feeding | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Grooming | <input type="checkbox"/> Yes <input type="checkbox"/> No | e. Toileting | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Is the Veteran incontinent of urine? Yes No Is the Veteran incontinent of bowel? Yes No

If YES to any one of the above-mentioned items, please provide the name and telephone of the accompanying caregiver.

NAME _____ PHONE NUMBER _____

If the Veteran uses a wheelchair, can he/she transfer without assistance? Yes No

Durable medical equipment or special assistive devices the Veteran will be using: _____

Is the Veteran on portable oxygen? Yes No If yes, Rx: i.e., 2L/min. _____

Is the Veteran on CPAP/BIPAP? Yes No If yes, pressure setting _____

List special needs: (e.g. feeding tube, tracheotomy, catheter, mobility, bowel and bladder care, etc.)

List those needs that the Veteran requires assistance with: _____

Behavioral Needs: _____

Cognitive Needs: _____

What activity restrictions do you recommend? _____

Event Participation: The Veteran is physically capable of participating in these aerobic events:

- | | | | |
|--------------|--|-------------|--|
| a. Bicycling | <input type="checkbox"/> Yes <input type="checkbox"/> No | b. Swimming | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------|--|-------------|--|

Please select Yes or No by the events the patient can or cannot participate in:

- | | | | | | |
|-----------|--|--------------|--|--------------|--|
| Air Rifle | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bowling | <input type="checkbox"/> Yes <input type="checkbox"/> No | Checkers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Croquet | <input type="checkbox"/> Yes <input type="checkbox"/> No | Discus | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dominoes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Golf | <input type="checkbox"/> Yes <input type="checkbox"/> No | Horseshoes | <input type="checkbox"/> Yes <input type="checkbox"/> No | Nine Ball | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Shot Put | <input type="checkbox"/> Yes <input type="checkbox"/> No | Shuffleboard | <input type="checkbox"/> Yes <input type="checkbox"/> No | Table Tennis | <input type="checkbox"/> Yes <input type="checkbox"/> No |

In your opinion, can the Veteran make the trip and participate in the National Veterans Golden Age Games?
Yes No

Does the Veteran have an Advanced Directive: Yes No

Provider's Name (please print): _____

Provider's Signature: _____

Provider's Telephone Number May 26 to May 31, 2010: _____

Provider's Pager Number May 26 to May 31, 2010: _____

Name: _____

This form is for both Athletes and Non-Athletes.

I am a (circle one): **Athlete** **Coach / Staff** **Family Member / Guest**

Please check the appropriate box related to the tour which you would like to attend. Please ensure these activities **do not** conflict with your event schedule. Tours are listed by departure times from Events Center. Transportation will be provided to the alternate activity sites. Upon loading the buses for departure you will be required to pay the cost listed below. **Do not** send money for alternate activities with your registration packet. Please see previous page for tour descriptions.

THURSDAY, MAY 27, 2010

8:15 a.m. – Noon Living History Farms Tour (cost \$10.00)

FRIDAY, MAY 28, 2010

9:00 a.m. Historical building Tour (no cost)
 10:00 a.m. Historical Building Tour (no cost)

Noon State Capitol Tour (no cost)
 1:00 p.m. State Capitol Tour (no cost)
 2:00 p.m. State Capitol Tour (no cost)

SATURDAY, MAY 29, 2010

9:00 a.m. Historical building Tour (no cost)
 10:00 a.m. Historical Building Tour (no cost)

Noon State Capitol Tour (no cost)
 1:00 p.m. State Capitol Tour (no cost)
 2:00 p.m. State Capitol Tour (no cost)

SUNDAY, MAY 30, 2010

12:30 p.m. – 4:00 p.m. Jordan Creek Mall
 12:30 p.m. – 3:30 p.m. Bass Pro Shop

MONDAY, MAY 31, 2010, Memorial Day

5:00 a.m. – 10:00 a.m. Iowa Gold Star Museum/Breakfast (no cost)
 9:30 a.m.-11:30 a.m. Memorial Day Ceremony (Korean & Vietnam)
 11:30 a.m.-1:30 p.m. Memorial Day Ceremony (WWII)
 12:30 p.m.-4:30 p.m. Living History Farm Tour (cost \$10.00)

Are you able to board a bus/van without using a wheelchair/scooter? **Yes** **No**

Non-Athlete Registration Checklist

REGISTRATION DEADLINE IS FEBRUARY 15, 2010

Name: _____

NON-ATHLETE FORMS

- Alternate Activities (Form F)
- Non-Athlete Application (Form G)
- Non-Athlete Meals (Form H)

Make Checks/Money Orders for meals and/or alternate activities payable to:

VA Central Iowa Health Care System

On the memo line, please note:

2010 NVGAG Account GPF 3518

Please include your check/money order with your registration packet.

REGISTRATION DEADLINE IS FEBRUARY 15, 2010

Please check only one: Coach Support Staff Family/Significant Other

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Cell Phone: () _____

E Mail Address: _____

What VA Medical Center do you represent? _____

Do you use a wheelchair or scooter? No Yes

In Case Of Emergency, Notify:

Name: _____ Phone Number: _____

Address: _____
Street City State Zip Code

Relationship: _____

For coaches only, does your team have a name? No Yes

Name of Team: _____

Please list of your team member's names:

For coaches and support staff, please indicate your t-shirt size:

Small Medium Large XL XXL XXXL Other

Release of Picture/Information: I voluntarily and without compensation authorize photograph(s), video(s), and voice recording(s) to be made of me by or on behalf of the Department of Veterans Affairs (VA), the Veterans Canteen Service, Help Hospitalized Veterans, US military publications, community media outlets, etc., while I am attending the 24th National Veterans Golden Age Games. I authorize any or all of the above to publicize and/or display such photographs and recordings, or to provide such photographs and recordings to others of their choosing for display, without notice or payment of any royalty, fee, or other compensation of any character to me for the use of my picture and/or voice. I understand that the said picture(s) and/or voice recording(s) are intended to publicize and give recognition to the National Veterans Golden Age Games. Also, I authorize storage of my registration and event data in the electronic media.

Signature _____ Date _____

REGISTRATION PACKET- MEALS

All Athletes and Non-Athletes must complete this form

Meals are furnished for all Athletes (no charge). Coaches, support staff, family members, and others may purchase meal tickets at the costs listed below. You may choose “all meals” or “no meals”. The *only* meals sold separately are the meals at the special events listed below. If you select “All Meals”- the 2 selected special events are already included in that price.

Athlete Name: _____

All Athletes and Non-Athletes purchasing meals:

Please list any **diet restrictions** you have:

Name: _____

_____ Diabetic _____ Vegetarian _____ Gluten free _____ No restrictions

Other: _____

If you are an Athlete - you have now completed this form.

NON-Athletes-

Non-Athlete Name: _____

Choose 1 of the following

_____ Government Employee (at per diem rate)

_____ Other- Family members and guests of participants or guests of government employees

Choose 1 of the following

_____ **All Meals/All Days** *(includes special events meals 5/27 and 5/29)
(5/25 evening through 6/1 morning- total of 20 meals)

_____ **No meals**

_____ **Special Event Meals only-** please complete next section

Gov't Employee Other

\$310 \$376

\$0 \$0

see below

Special Event Meals Only- (No meals will be served at the Iowa Events Center during these 2 special events)

You may choose one or both

5/27 Thursday Evening

_____ State Fair Grounds Meal/Special Event

Gov't Employee

\$26.00

Other

\$32.00

5/29 Saturday Evening

_____ Prairie Meadows Racetrack and Casino Meal/Special Event

\$26.00

\$32.00

Total Due \$ _____ \$ _____

REGISTRATION PACKET- MEALS- CONTINUED

PAYMENT: Total \$ _____

Method of Payment: _____ Check _____ Money Order _____ Credit/Debit Card
Credit/Debit card

#: _____

Expiration Date: _____

Cardholder Name: _____

Credit Card Billing _____

Address: _____

Signature: _____

Please Note:

Cancellations for non-Athletes will be honored if received by close of business 5/15/10. Refunds will be sent out after conclusion of Games in June 2010.

Please plan to pay ahead to limit time spent at registration on 5/26. If you have paid ahead, meal tickets will be provided at hotel check in.

There will be no opportunity for non-Athletes to purchase meal tickets on site prior to registration on Wednesday, May 26th. In other words, non-Athletes who did not pay ahead will not have the Tuesday May 26th dinner or the Wednesday May 27th breakfast open to them. *No meals will be provided to non-Athletes without meal tickets.* On-site payment for meals will be allowed on day of registration only for the remaining meals (Wednesday May 27th lunch- Tuesday June 1st breakfast) but special diet requests may not be able to be honored. At registration there will be one price for all meals (same as pre-registration price). Individual meals will not be sold other than for the 2 special events; those can be purchased at on-site registration.

Please note that all breakfast meals will be provided at your hotel and all lunch/dinner meals other than special events will be provided at the Iowa Events Center. Boxed lunches will be provided for off-site events, when unable to eat at the Iowa Events Center.

Menu is included.

National Veterans Golden Age Games **MENU**: Iowa Events Center

	LUNCH	DINNER
Tues	XXX	Oven roasted chicken breast w/red peppers/gravy Parslied new potatoes Grilled yellow squash/zucchini Carrot cake/fresh fruit
Wed	Spaghetti/meatballs/marinara sauce Eggplant parmesan Vegetable medley Cookies/brownies/fresh fruit	Slow roasted turkey breast w/ giblet gravy Potato Au Gratin Broccoli with cheese sauce Cheese cake w/raspberry sauce/fresh fruit
Thurs	Assorted pre-made sandwiches (turkey/roast beef/ham) Homemade potato salad Fruit parfaits/fresh fruit	Special Meal Dinner at the Fair
Fri	Grilled chicken breast/spinach sauce Homemade macaroni and cheese Roasted squash with maple syrup Pecan bars/fresh fruit	Sliced sirloin w/wild mushroom gravy Baked potato Oven roasted asparagus/red peppers Chocolate cake/ fresh fruit
Sat	Assorted pre-made sandwiches (Turkey/tuna/chicken salad/roast beef) Potato chips & Pasta salad Strawberry mousse parfait/fresh fruit	Special Meal - PRAIRIE MEADOWS Sliced roast beef OR Asiago chicken Garlic mashed potatoes & Seasonal vegetables/rolls Miniature desserts/cookies
Sun	Slow roasted pork loin/pork gravy Rosemary red bliss potatoes Grilled garden vegetables Banana nut bread w/vanilla mousse	Beef and Vegetarian lasagna Fresh garden vegetables Garlic bread sticks Tiramisu/fresh fruit
Mon	BBQ shredded pork w/Kaiser bun Baked beans corn Apple pie/fresh fruit	Meatloaf w/mushroom gravy Garlic mashed potatoes Green beans/bacon Lemon layer cake/fresh fruit