

# ACCOMMODATION REQUEST FORM FOR TSSAA STATE GOLF CHAMPIONSHIP

Completion of the Accommodation Request Form for TSSAA State Golf Championship will enable the TSSAA to consider a reasonable accommodation to eligible patrons attending the State Golf Championship based upon both an individual's request and an assessment of individual needs.

The form must be completed and signed by the patron requesting the accommodation

Golf carts will be reserved for those spectators with documented disabilities.

*In addition to completing this form, spectators **must** send a letter from their physician to obtain a golf cart during the state championships. This letter must be received via fax (615-889-0544) or e-mail (hcarter@tssaa.org) by the TSSAA no later than the Monday prior to the respective state championship. Please bring a copy of the physician's letter to the championship.*

The Americans With Disabilities Act of 1990 (ADA) requires reasonable accommodations at the TSSAA state golf tournament for individuals with disabilities. A "disability" is a physical or mental impairment that substantially limits one or more of the major life activities of the individual. Major life activities include such things as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Whether a temporary impairment is a "disability" depends on the expected duration of the impairment and the extent to which it actually limits a major life activity of the individual. The question of whether a person has a disability must be determined without regard to mitigating measures or aids. In all cases, the reasonableness of a requested accommodation is determined on a case-by-case basis.

By submitting this form to the TSSAA you are verifying that the information you are providing is true and accurate in all respects.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

ACCOMMODATION REQUESTED: \_\_\_\_\_

\_\_\_\_\_

Please list the name of the individual and/or school you are requesting to follow:

Participant Name \_\_\_\_\_

School Name \_\_\_\_\_

DESCRIBE THE NATURE OF THE IMPAIRMENT, INCLUDING WHETHER IT IS PERMANENT; IF TEMPORARY, THE LENGTH OF ITS EXPECTED DURATION; AND THE WAYS IT SUBSTANTIALLY LIMITS YOUR MAJOR LIFE ACTIVITIES:

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PHYSICIAN CONTACT INFORMATION:

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\_\_\_\_\_ Check here if required letter from doctor/physician has been provided to TSSAA.

- I hereby authorize my physician to provide confirmation of the foregoing information to a representative of the TSSAA.
- If TSSAA waives the walking requirement and allows me to drive/ride in a golf cart, TSSAA is not responsible for providing or paying for the cart, and such arrangements must be made by me with golf course management personnel.
- ***The daily rental fee for a cart at Willowbrook is \$20.***
- No other spectators are permitted to ride in the cart at any time, unless the nature of the disability is such that I require another person to drive. Violation of this policy will result in the loss of cart privileges for the remainder of the tournament.
- If I am allowed to use a golf cart, the cart must remain on the path at all times.
- I must observe all customary rules of golf course etiquette and any other reasonable restrictions that may be imposed upon my use of a golf cart or any other accommodation so as not to unnecessarily distract the participants and other spectators.
- I agree to indemnify and hold harmless the TSSAA and its officials and personnel for any injury or damage that I may cause to myself, to others, or to any property by my use of a golf cart or other accommodation.

By signing below, I agree to abide by all the Guidelines contained above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date