



**CHADD, USGA, and Olney Golf Park
Application for the CHADD 2008 Golf Initiative for Children with AD/HD**

Family Information:

Child's First Name _____ Last Name _____

Date of Birth _____ Age _____ Gender: M F

Child's Address _____ City/State/Zip _____

Has child had previous formal golf instruction? Yes ___ No ___

Name of person completing application: _____

Applicant's relationship to child: _____

Applicant's Mailing Address (if different from child's address): _____

City/State/Zip _____

E-mail address _____ Telephone _____

Name(s) of parent(s) or guardian(s) living with child _____

Financial Information:

Does your child or family qualify and/or receive any type of governmental assistance?

Yes ___ No ___ (If "Yes" please specify)

Yearly combined income of child's parents/guardians:

Under \$40,000 ___

\$40,000 - \$90,000 ___

Over \$90,000 ___

Diagnostic Information:

Has your child been diagnosed with AD/HD? Yes ___ No ___

Has your child been diagnosed with any of the following (please circle):

Learning Disabilities, Tourette Syndrome/Tics, Oppositional Defiant Disorder,
Conduct Disorder, Depression, Obsessive-Compulsive Disorder, Anxiety Disorder,
Bipolar Disorder, Asperger Syndrome/Autism.

Other _____

Education and Treatment Information:

Child's Grade Level (Fall 2008) _____

Does your child attend a special school for students with disabilities? Yes ___ No ___

Does your child have any of the following (please circle):

Section 504 Plan, Individualized Education Plan, Title I Services

Does the child receive additional services: (Please circle all that apply):

Resource Room, Speech Therapy, Occupational Therapy, Sensory Integration, Social Skills
Training, Psychological Services, Physical Therapy.

Other _____

Thank you for completing this application.

All applications must be received at CHADD via email or postal mail by Wednesday, July 2, 2008 to be considered for the CHADD Youth Golf Initiative.

You will be contacted by email (preferred) or letter by July 9 regarding your application status.
Return by mail to: CHADD Youth Golf Initiative, 8181 Professional Place, Suite 150, Landover,
Md. 20785. Return by email to: youthgolf@chadd.org.

