



13th Annual DAAA Golf Tournament

Wednesday, July 7, 2010

Course Location: To Be Determined



Proceeds to Benefit Dwarf Athletic Association of America (DAAA)
Registration: \$135 per golfer (includes green fees, golf cart, lunch, and prizes)

Anyone may participate – all levels of golfers are welcome
Golfers who are 15 years old and under must be accompanied by an adult

Contact for additional information: Gerry Graff, 515-229-6920, 7ggraff@mchsi.com

SCHEDULE OF EVENTS

Registration: Must register prior to June 24, 2010
Format: Shotgun Start in the AM (TBA); 4-person scramble
Lunch/Awards: Immediately following golf

SPONSORSHIP OPPORTUNITIES

A great way to promote your COMPANY, your GROUP, or just show your support for DAAA.

Sponsoring or Underwriting the cost of some portion of the tournament

Cash Donations or In-kind Donations

- Clubhouse Signage - \$500
- First Tee Signage - \$500
- Beverage Cart Signage - \$500
- Putting Green Signage - \$250
- Driving Range Signage - \$250
- Tee or Green Sponsorship - \$125
- LPA District/Chapter Sponsorship - \$100
- Foursome with Tee or Green Sponsorship - \$600
- Goodie Bag Items
- Event Hole Prizes / Awards
- Raffle Prizes
- Lunch
- Drink Tickets
- One-time Gift to DAAA

REGISTRATION INFORMATION *(Registration deadline is Thursday, June 24, 2010)*

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please assign me to a foursome _____

I will play with the following (write in names): _____

I will pay for _____ Golfers @ \$135 each Total \$ _____

I will pay for a Foursome with Tee or Green Sponsorship - \$640 Total \$ _____
(Please complete sponsorship information on next page)

Sponsorship Amount or Cash Donation (See next page for details) Total \$ _____

Form of Payment: Check Credit Card: Visa MasterCard

Card Number: _____

Expiration Date: _____ Signature: _____

I am able to provide transportation to and from the Golf Course for _____ players/volunteers.

Checks should be made payable to: Dwarf Athletic Association of America or DAAA
Mail payment & completed forms to DAAA, 708 Gravenstein Hwy. North, #118, Sebastopol, CA 95472



13th Annual DAAA Golf Tournament

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SPONSOR INFORMATION AND SELECTIONS

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

I would like to sponsor the following:

- | | |
|-------------------------------------|--|
| _____ Clubhouse Signage - \$500 | _____ Driving Range Signage - \$250 |
| _____ First Tee Signage - \$500 | _____ Tee or Green Sponsorship - \$125 |
| _____ Beverage Cart Signage - \$500 | _____ LPA District/Chapter Sponsorship - \$100 |
| _____ Putting Green Signage - \$250 | |

I would like the following information to be included on sponsorship signage: _____

Company, Group or Family Name(s): _____

Company Logo (camera-ready artwork to be provided by sponsor; send with form to DAAA and/or email to daaa@flash.net)

I would like to provide a cash donation or in-kind donation:

- | | | |
|----------------------------------|----------|------------------|
| _____ Golfer Goodie Bag Items | \$ _____ | OR Item(s) _____ |
| _____ Event Hole Prizes / Awards | \$ _____ | OR Item(s) _____ |
| _____ Raffle Prizes | \$ _____ | OR Item(s) _____ |
| _____ Lunch | \$ _____ | |
| _____ Drink Tickets | \$ _____ | |
| _____ One-time Gift to DAAA | \$ _____ | |

I would like my sponsorship to be acknowledged in the Golf Program as follows:

If you have any questions or need any additional information about sponsorship opportunities, please contact
Gerry Graff, 515-229-6920, 7ggraff@mchsi.com

Checks should be made payable to: **Dwarf Athletic Association of America or DAAA**

Mail payment & completed forms to:
**DAAA, 708 Gravenstein Hwy. North, #118
Sebastopol, CA 95472**

DAAA is a 501(c)(3) tax-exempt organization.



2010 DAAA National Games, Nashville, TN

DAAA ENTRY FORM

Deadline Date: June 1, 2010

PERSONAL INFORMATION

PLEASE PRINT

Last Name _____ First Name _____

Gender: Female Male Birth Date ____/____/____ Age _____

Address _____

City _____ State _____ Zip _____

Home Telephone (_____) _____ Cell phone (_____) _____

E-mail Address _____

Type of Dwarfism _____ Height _____ Weight _____

Athlete T-shirt Size: YXS YS YM YL S M L XL 2XL

Athletes will receive (1) T-shirt w/ paid registration; Additional National Games Souvenir T-Shirts may be purchased in advance for \$15.00 each

Souvenir T-shirt Size: (\$15.00 ea.) YXS YS YM YL S M L XL 2XL

ELIGIBILITY

You are eligible for competition if you are a disproportionate dwarf (diagnosed with chondroplasia) that is less than or equal to five feet in height, or a proportionate dwarf less than or equal to 4 foot 10 inches in height. All Athletes must report to the DAAA Registration Room prior to your first event for classification. All Athletes will be assigned a Participation Number that must be presented at check-in for all events.

DIVISION

- **FUTURE:** Age 4 to under 6 years
- **JUNIOR:** 7-9 years old, 10-12 years old, 13-15 years old (Only 13-15 years may compete in Open Track & swimming events)
- **OPEN:** 16 - 39 years old
- **MASTERS:** 40 years and above on date of competition (Masters Athletes may compete in Open events but athletes cannot compete in more than 1 division per event)

FEES

You may pay by check (made payable to DAAA) or by Visa/Master Card

Registration Fee: Future \$50 Junior \$65 Open \$75 Master \$65

Late Fee after June 1st: \$25

Boccia only participant: \$30 (late fee is waived but must register by noon on 7/04/10)

Boccia participation will be for individual and/or team single elimination tournament

Check amount: \$ _____

Visa: \$ _____ Master Card: \$ _____

Card number _____ Expiration date: _____ CSV # _____

Card Holders Signature _____ Date: _____

Mail to:

DAAA, 708 Gravenstein Hwy. North, #118, Sebastopol, CA 95472

Phone: 1-888-598-DAAA

E-Mail: daaa@flash.net • Website: www.daaa.or



2010 DAAA National Games, Nashville, TN

MEDICAL EVALUATION FORM

To be filled out by Competitor:

Name: _____ Date of Birth: ___/___/___

Address _____

City _____ State _____ Zip _____

Age: _____ Parent or Guardian (if under 18) _____

Height _____ Weight _____ Do you wear contacts? Yes No

Diagnosis (circle) Achondroplasia Spondyloepiphyseal Dysplasia (SED)
Pseudoachondroplasia Diastrophic Dysplasia Other _____

Hospitalizations: _____

Last medical examination: 2008 _____ 2009 _____ Please check

Have you had:

Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Respiratory Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fainting Spells	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neck Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weakness, arms, legs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug/Alcohol abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you checked "yes" to any of the above, please describe below.

** Current Medications _____

Signature _____ Date _____

**** Note: Boccia only participants do not need a doctor's examination.**

MEDICAL EVALUATION FORM: TO BE COMPLETED BY PHYSICIAN

Doctor's Name: _____

Address _____

City _____ State _____ Zip _____

Specialty: _____

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2010 DAAA National Games, Nashville, TN

PHYSICAL EXAMINATION

P _____	BP _____	R _____
HGB	Normal _____	Abnormal _____
U/A	Normal _____	Abnormal _____
Head	Normal _____	Abnormal _____
Neck	Normal _____	Abnormal _____
Heart	Normal _____	Abnormal _____
Lungs	Normal _____	Abnormal _____
Abdomen	Normal _____	Abnormal _____
Hernias	Normal _____	Abnormal _____
Back	Normal _____	Abnormal _____
Extremities	Normal _____	Abnormal _____
Neurologic	Normal _____	Abnormal _____
Central	Normal _____	Abnormal _____
Peripheral	Normal _____	Abnormal _____

Special Studies: _____

**For non-achondroplastic dwarfs: results of lateral flexion-extension cervical spine x-ray; with evaluation.
(Very important to send x-ray (see below))**

The non-achondroplastic dwarf athlete may have a predisposition to neck injuries, including paralysis. Pseudoachondroplasia, spondyloepiphyseal Dysplasia, Diastrophic, Conradi's, Cartilage- hair hypoplasia, and Morquio's syndrome may have instability and not be aware of the problem until an accident occurs. For your safety, we require that all non-achondroplastic athletes obtain x-rays of the neck prior to competition in any running, jumping or diving event, including basketball, swimming, and volleyball. The x-rays should include a lateral-flexion and a lateral-extension view of the cervical spine. Unless there are clinical symptoms to suggest a problem, these x-rays need only be obtained once for the adult athlete. However, in the juvenile and adolescent athlete, we prefer that the x-rays of the neck be taken every three years while they are competing since instability may develop with growth.

For competitors age 40 or older

Results of EKG: _____ Date: _____

Comments related to athletes participation in competitive sports:

Signature of Physician _____ Date _____



2010 DAAA National Games, Nashville, TN

VOLUNTEER FORM

Deadline Date: June 1, 2010

BACKGROUND INFORMATION

DAAA relies on the efforts of nearly 100 volunteers to assist with the organization and execution of each year's National Games. We appreciate any commitment that you can make to volunteer your time while attending the National Games. Please complete the contact information below, indicating whether you are over 18 years of age and the name of the athlete that you are accompanying. In addition, please indicate the size of the volunteer T-shirt that you would like to receive. Please place a check mark next to the event and the specific role that you would like to volunteer for. Thank you in advance for helping DAAA make the National Games a special experience for all of our athletes.

CONTACT INFORMATION

Volunteer #1 Last Name _____ Volunteer #1 First Name _____

Address _____

City _____ State _____ Zip _____

Home phone (____) _____ Cell (____) _____ E-mail _____

Volunteer #2 Last Name _____ Volunteer #2 First Name _____

Home phone (____) _____ Cell (____) _____ E-mail _____

Volunteer #3 Last Name _____ Volunteer #3 First Name _____

Home phone (____) _____ Cell (____) _____ E-mail _____

#1 Over 18 yrs. old Yes No #2 Over 18 yrs. old Yes No #3 Over 18 yrs. old Yes No

Athlete's Last Name _____ Athlete's First Name _____

Volunteer T-shirt size YXS YS YM YL S M L XL 2XL

As a thank you, volunteers will receive (1) T-shirt for volunteering their time; Additional Souvenir T-Shirts may be purchased in advance for \$15.00 each

Souvenir T-shirt size (\$15.00 ea.) YXS YS YM YL S M L XL 2XL

VOLUNTEER OPPORTUNITIES

TRACK & FIELD	SOCCER	VOLLEYBALL	SWIMMING	BASKETBALL	BOCCIA
Timer	Field Marshall	Line Judge	Timer	Scorekeeper	Line Judge
Field Event Asst.	Team Mgr.	Scorekeeper	Marshall	Team Mgr.	
Score Reporter	Coach	Team Mgr.	Event Notifier	Coach	
Medal Assistant		Coach	Medal Asst.		

FLAG FOOTBALL	BADMINTON	REGISTRATION	BUS LOADING	GOLF OUTING
Coach	Scorekeeper	Reg. Table Asst.	Bus Load Asst.	Registration
Official	Official	T-shirt Sales		Contest Holes

Are you a certified Coach? Yes No
If yes, which sport(s)? _____

Are you a certified Official/Referee? Yes No
If yes, which sport(s)? _____

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2010 DAAA National Games, Nashville, TN

SWIMMING REGISTRATION FORM

Sunday, July 4, 2010

Name _____ Age _____ Date of Birth: ___/___/___ M ___ F ___

Address _____

City _____ State _____ Zip _____

Phone - day (_____) _____ Phone - evening (_____) _____

E-mail _____

Type of Dwarfism _____ Height _____ Weight _____ T-shirt size _____

Are you affiliated with any sport organization? If so, what club? _____

Are you a first time participant? ___ Yes ___ No

DIVISION

FUTURE JUNIOR OPEN MASTER

- **Future:** Age 4 to under 6 years
- **Junior:** 7-9 years old, 10-12 years old, 13-15 years old (Only 13-15 years may compete in Open swimming events)
- **Open:** 16 - 39 years old
- **Masters:** 40 years and above on date of competition (Masters Athletes may compete in Open events but athletes cannot compete in more than 1 division per event)

SWIMMING

ENTER A MAXIMUM OF THREE SWIMMING EVENTS, EXCLUSIVE OF RELAYS.

Relays will be entered at the meet. Males and females (all events & different classifications will be combined during the races; however, separate awards will be presented for each gender, class and age group.) The Junior and Future kick board and lifejacket races are intended only for beginning swimmers who cannot swim 25 meters unassisted. There will be no gender or age in these divisions in these races. An older swimmer may assist the racer. Please bring your own lifejackets.

1. Futures 25m Lifejacket	11. Juniors 50m Butterfly	21. Open 100m IM
2. Futures 25m Kickboard	12. Open 50m Freestyle	22. Open 200m IM
3. Futures 25m Freestyle	13. Open 50m Breaststroke	23. Masters 25m Freestyle
4. Juniors 25m Freestyle	14. Open 50m Backstroke	24. Masters 25m Breaststroke
5. Junior 25m Breaststroke	15. Open 50m Butterfly	25. Masters 25m Backstroke
6. Juniors 25m Backstroke	16. Open 100m Freestyle	26. Masters 25m Butterfly
7. Juniors 25m Butterfly	17. Open 100m Breaststroke	27. 100m Freestyle Relay
8. Junior 50m Freestyle	18. Open 100m Backstroke	28. 100m T-shirt Relay
9. Juniors 50m Breaststroke	19. Open 100m Butterfly	
10. Junior 50m Backstroke	20. Open 200m Freestyle	

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(Make copies of the form as needed)



2010 DAAA National Games, Nashville, TN

TRACK & FIELD REGISTRATION FORM

Saturday, July 3, 2010

Name _____ Age ____ Date of Birth: ___/___/___ M ___ F ___

Address _____

City _____ State _____ Zip _____

Phone - day (____) _____ Phone - evening (____) _____

E-mail _____

Type of Dwarfism _____ Height _____ Weight _____ T-shirt size _____

Are you affiliated with any sport organization? If so, what club? _____

Are you a first time participant? ____ Yes ____ No

DIVISION

FUTURE
 JUNIOR
 OPEN
 MASTER

- **Future:** Age 4 to under 6 years
- **Junior:** 7-9 years old, 10-12 years old, 13-15 years old (Only 13-15 years may compete in Open Track events)
- **Open:** 16 - 39 years old
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TRACK

15m (Futures)	20m (7-9yrs)	40m (7-9, 10-12yrs)
60m (10-12 yrs, 13-15 yrs, Master)	100m (13-15 yrs., Open)	4 x 100 relay (Open division)

Relay Members:

1. _____ 2. _____
 3. _____ 4. _____

Tennis Ball Throw (Futures)	Softball Throw (7-9yrs, 10-12yrs)
Floppy Flyer (Futures, 7-9yrs.)	Shot Put (13-15yrs, Open, Masters)
Javelin (10-12yrs, 13-15yrs, Open, Masters)	Discus (13-15yrs, Open, Masters)

Weight for Shot Put: Junior = 2kg Female; 3kg Male
 Weight for Discus: Junior 13-15yrs & Open Women = 750g
 Weight for Javelin: Juniors 10-12yrs- training javelin

Open Masters = 3kg Female; 4kg Male
 Open / Masters Male = 1kg
 Open Female = 400g Male = 600g

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