

REQUESTING A GOLF CART FOR AGT COMPETITIONS

As a general rule, players must walk the course at AGT events. Consistent with the Americans with Disabilities Act (ADA), a disabled player may be permitted to use a golf cart as an accommodation to her disability for those events where golf carts are not allowed. As required by the ADA, the AGT will evaluate such requests on a case-by-case basis.

In order for the AGT to properly evaluate the merits of such requests, while maintaining the fundamental fairness of the golf competition, it is necessary for players requesting this accommodation to submit medical documentation to facilitate that analysis. The documentation provided must demonstrate: (1) a player's disability as defined by the ADA (temporary conditions may not be covered); (2) the medical need for the golf cart that results from that disability; and (3) that by providing a golf cart to a player in that particular circumstances, the AGT would not be fundamentally altering the fairness of the competition by providing a player with an advantage over other players. The required form entitled Golf Cart Request Form (as well as additional important information for first-time and subsequent requests for a cart), is available on our website following this document.

In order to permit the AGT to undertake the necessary analysis and make arrangements for golf cart usage where approved, all in time for the relevant event, players must strictly comply with each of the following procedures. Any failure to comply with any of these procedures may result in a denial of the requested accommodation.

- Requests for golf carts must be supported by complete documentation, including the fully-completed Cart Request Form and the required accompanying medical documentation specified in that form for all first time requests. A request will not be deemed complete until all required information and documentation has been provided.
- If the player has previously executed a stipulation governing the use of a golf cart during a USGA or a AGT championship, the player is not required to submit the Cart Request Form and medical documentation again. The previously executed stipulation may govern the use of the golf cart if the intended use is in the same capacity.
- In some instances, even with an executed Stipulation from a prior event season, that stipulation may have been effective only for the specific season. In all cases relating to a previously executed stipulation, the player **MUST** contact the AGT (Carol Fromuth 314-434-6306) and provide a copy of the fully executed stipulation. Except for minors, all requests for golf carts must be made by the player. For minors, only parents or legally-appointed guardians may submit a request for a golf cart.
- In the event of a change of medical condition for the player after the submission of the entry or after the initial submission of the required documentation, medical documentation of all relevant changes must be received no later than seven (7) days in advance of the event proper for which the golf cart is requested. Telephone requests as submissions will not be accepted under any circumstances at any time.
- All information submitted in connection with the golf cart request should be sent to comply with the timing deadline stated in the previous paragraph, to the attention of the Tour Administrator, Carol Fromuth, 1504 Kehrs Mill Road, Chesterfield, MO 63005.
- If any player needs assistance with any part of the process for requesting a golf cart, including any reasonable accommodation, contact the Tour Administrator, Carol Fromuth at 314-494-6306.



GOLF CART REQUEST FORM

AGT Tour Events

****Please use additional pages as necessary****

Submitted by: Player Parent of minor child or legally-appointed guardian

Please ***do not*** provide information about any other disability or medical condition unless it also relates to the disability that led to the cart request.

Please provide a current medical report (attached to and submitted together with this completed Golf Cart Request Form) from your physician who has evaluated your condition.

Please ask your physician to include the following information in the report:

- a) The name of the disability,
- b) The extent of the disability,
- c) The prognosis for improvement,
- d) The current objective abnormalities and how it impedes upon your ability to walk in general and during a golf tournament,
- e) How far you are able to walk without stopping,
- f) What prohibits you from walking further,
- g) How long you are able to stand,
- h) Whether you use ambulatory aids and if so, the length of time and circumstances under which these aides are used.

Please explain the nature and history of your disability and why it requires that you use a golf cart.

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What treatment are you currently receiving as it relates to your ability to walk?

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What is the expected duration of your disability?

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If your condition relates to a cardiac (heart) problem, do you take cardiac medications?

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If so, what are the medications?

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Do you experience shortness of breath, chest or arm tightness, leg cramping while walking?

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If so, how many yards can you walk before stopping?

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Have you ever been given an impairment rating for a disability of medical condition that relates to the disability that led to the cart request?

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If so, please provide details as to the rating, basis for the rating (AMA Guides to Permanent Impairment, 6th edition, or to a local or state rating guide) and any other relevant information not already provided by you or your physician.

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As part of the review process by the AGT, please discuss with your physician what additional information pertaining to your ability to walk the course can be provided by your physician to the AGT for review (such as a summary of surgeries, diagnostic studies, laboratory tests, treatments, medications, clinical notes and other relevant medical information specific to the diagnosis and management of the disability) and submit any such information that you or your physician believe would help the AGT assess the degree of your impairment with the physician's medical report.

I certify that the information supplied above and in any attachments is true and correct.

| | |
|-----------------|--------------|
| Signature _____ | E-mail _____ |
|-----------------|--------------|

Print Name _____ Date _____

**** IMPORTANT INFORMATION ****

This completed Golf Cart Request Form together with BOTH the medical report from the physician who has evaluated your condition and the AGT entry application by no later than 7 days prior to the date the event is scheduled. Such information should be sent to the AGT to the attention of Carol Fromuth, 1504 Kehrs Mill Road, Chesterfield, MO 63005.

Incomplete or late submissions may result in insufficient time to evaluate. All submissions are confidential and reviewed solely for the purpose of evaluating the cart request.

2018 AGT APPLICATION FOR POSTAL MAIL ENTRY

Mail entries to: AGT Entry Director Mary Lou LaPlaunt (Email: AGTEntry@aol.com)

148 Shaelah Court, St. Charles, MO 63304

Contact AGT Tour Administrator Carol Fromuth by Phone: 314.494.6306 or Email: accgolfour@aol.com

PLEASE PRINT OR TYPE ~ INCOMPLETE ENTRY NOT ACCEPTABLE

LAST NAME _____ FIRST NAME _____

STREET _____

CITY/STATE/ZIP _____

PHONE () _____ CELL PHONE () _____

EMERGENCY CONTACT NAME _____ EMERGENCY PHONE () _____

GENDER M F DIVISION COLLEGE HIGH SCHOOL DATE OF BIRTH _____

PLAYER EMAIL _____ PARENT EMAIL _____

HIGH SCHOOL DIVISION ONLY

HIGH SCHOOL NAME _____

YEAR OF GRADUATION _____

COLLEGE/UNIVERSITY DIVISION ONLY

COLLEGE/UNIVERSITY NAME _____

Select the events you want to enter by checking the applicable box on the left.

| Enter | Event Date/Day | Location |
|--------------------------|---------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> | April 14 - 15, Sat/Sun | Annabriar Golf Course, Waterloo, IL |
| <input type="checkbox"/> | June 3 - 4, Sun PM/Mon AM | Bogey Hills Country Club, St. Charles, MO |
| <input type="checkbox"/> | June 14 - 15, Thurs/Fri | Indian Foothills Golf, Marshall, MO |
| <input type="checkbox"/> | June 18 - 19, Mon/Tues | St. Clair Country Club, Belleville, IL |
| <input type="checkbox"/> | June 26 - 27, Tues/Wed | Dalhousie Golf Course, Cape Girardeau, MO |
| <input type="checkbox"/> | July 9 - 10, Mon/Tues | St. Louis Country Club, St. Louis, MO Glen Echo Country Club, St. Louis, MO |
| <input type="checkbox"/> | July 11 - 12, Wed/Thurs | Swope Park Memorial Golf Course, Kansas City, MO |
| <input type="checkbox"/> | July 19 - 20, Thurs/Fri | Annabriar Golf Course, Waterloo, IL |
| <input type="checkbox"/> | July 25 - 26, Wed/Thurs | Whitmoor Country Club, St. Charles, MO |
| <input type="checkbox"/> | July 30 - 31, Mon/Tues | The Missouri Bluffs, St. Charles, MO |

Entry fee for Annabriar April 14 - 15 event: \$150. All other events, entry fee: \$175

Discounted entry fee: If you enter and pay for 3 events not including the April 14-15 early event at Annabriar, the discounted entry fee per event: \$150

All events entered after paying \$450, entry fee: \$150. If a player chooses to play the St. Louis CC/Glen Echo CC event as one of his/her selected events for the discounted entry fee, the \$450 payment must be received by July 2.

Amount Enclosed \$ _____
(Please make check payable to AGT.)

Mail to: Mary Lou LaPlaunt, AGT Entry Director
148 Shaelah Court
St. Charles, MO 63304

I understand that this entry is subject to approval or rejection at any time (including during the tournament) by the AGT Tour Administrator. I have read the PERTINENT TOURNAMENT DOCUMENT and agree to the specifics. Accepted entries may receive a refund of fees if cancellations are made one week prior to the first day of the tournament. After this date, refunds will only be made for injury or illness that has been certified by a doctor's written report and approved for refund by the AGT Tour Administrator. A \$25.00 service charge will be deducted, per player, from all refunds. Upon completing and submitting this entry form, you are agreeing to the terms stated in this paragraph.

Signature of Applicant _____ Date _____