



## Survey Consent

I would like to ask permission to contact you periodically by way of Survey Monkey, an online survey tool, to ask for feedback related to your child's experience at our Learn to Golf clinics. Later, additional surveys will ask about any benefits your child may have experienced or may be currently experiencing as a result of their involvement in golf through our Learn to Golf program. The information you provide may be used for a variety of purposes, such as enhancing the program, seeking future support for the program, reporting back to donors or grant reports, educational sessions, and promoting awareness of adapted golf, inclusion, therapeutic recreation programs, and Texas Scottish Rite Hospital for Children.

If you agree to help us by providing feedback that we may share with others, please complete the information requested below.

Thank you,

Dana R. Dempsey, M.S., CTRS  
Director, Therapeutic Recreation Dept.

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Parent – Print your name

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Print your email address

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Preferred phone number

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Print the name(s) of your child(ren) involved in the Learn to Golf program

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Parent Signature

Date

Time