

player profile

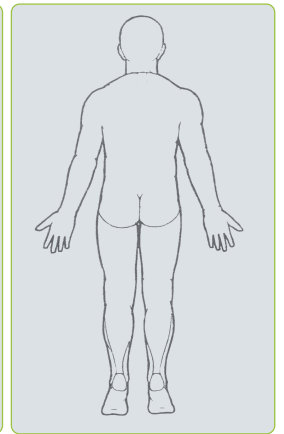
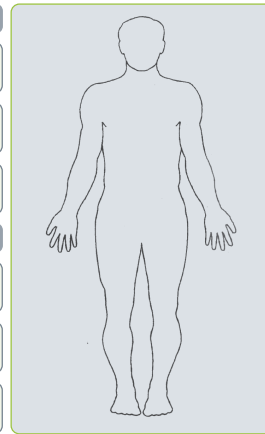
TITLE	FIRST NAME	LAST NAME	H'CAP	DATE
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ADDRESS:	HOME TEL:
	MOBILE:
	EMAIL:
POST CODE:	D.O.B:

OCCUPATION OR EDUCATIONAL STATUS:

MEDICAL PROFILE Recommendations: please list injuries & medical conditions, starting with any joint or muscular problems. You can either list them or mark them down on the diagram provided. (Toes-feet-knees-hips-legs-whole back-neck-shoulders-elbows-wrists-fingers, then any other medical conditions)

DATE	INJURY OR MEDICAL CONDITION



ALLERGIES & MEDICAL CONDITIONS	MEDICATION (SPECIAL INSTRUCTIONS)

GOLF PROFILE	HOME CLUB	H'CAP
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WHAT OTHER SPORTS DO YOU PLAY AND AT WHAT LEVEL?

SPORT:	LEVEL:

WHAT HOBBIES DO YOU HAVE?

NATURALLY LEFT HANDED
 NATURALLY RIGHT HANDED
 PLAYS GOLF LEFT HANDED
 PLAYS GOLF RIGHT HANDED

HOW LONG HAVE YOU BEEN PLAYING GOLF?

HOW OFTEN DO YOU PLAY?
 DAILY
 2-3 P/W
 WEEKLY
 2-3 P/M
 MONTHLY
 LESS OFTEN

HOW OFTEN DO YOU HAVE A ONE-TO-ONE LESSON?
 ONCE A WEEK
 TWICE A MONTH
 ONCE A MONTH
 LESS THAN ONCE A MONTH

WHEN WAS YOUR LAST LESSON?	WHO WITH?

WHAT DID YOU LEARN ON THAT LESSON?

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HOW DO YOU BELIEVE YOU LEARN THE MOST EFFECTIVELY?

SEEING

HEARING

FEELING

READING/ANALYSING

DONT KNOW

HOW OFTEN DO YOU PRACTICE?

DAILY

2-3 P/W

WEEKLY

2-3 P/M

MONTHLY

LESS OFTEN

HOW DO YOU PRACTICE?

HOW DO YOU RATE YOUR ABILITY IN THE FOLLOWING AREAS? (1 = POOR 5 = EXCELLENT)

PUTTING 1 2 3 4 5

SHORT IRONS 1 2 3 4 5

CHIPPING 1 2 3 4 5

LONG IRONS 1 2 3 4 5

PITCHING 1 2 3 4 5

DRIVER 1 2 3 4 5

BUNKERS 1 2 3 4 5

SCORING ON COURSE 1 2 3 4 5

WHAT ARE YOUR BELIEFS ABOUT YOUR GOLF SWING?

HOW WOULD YOU DESCRIBE YOUR BALL FLIGHT WITH THE FOLLOWING CLUBS USING A FULL SWING?

WHERE DOES THE BALL START AND FINISH?

CLUB	START LINE	FINISH
9 IRON		
5 IRON		
5 WOOD		
DRIVER		

WHAT IS YOUR MOST DESTRUCTIVE SHOT?

WHAT PART OF YOUR GAME WOULD YOU LIKE THE MOST HELP WITH?

DO YOU HAVE ANY GOALS OR AMBITIONS?

COACH'S COMMENTS:

DISCLAIMER: This is to confirm that the above information is a true and accurate record of my medical history. I agree to inform the Coach when this information or my health changes. I acknowledge and agree that there are risks inherent in my participation in Golf and Golf instruction. These risks include the risk of injury. I agree that I will not hold the Coach responsible for any injuries or medical conditions that I may incur as a result of my participation in Golf and Golf instruction.

SIGNATURE

DATE