

# player profile



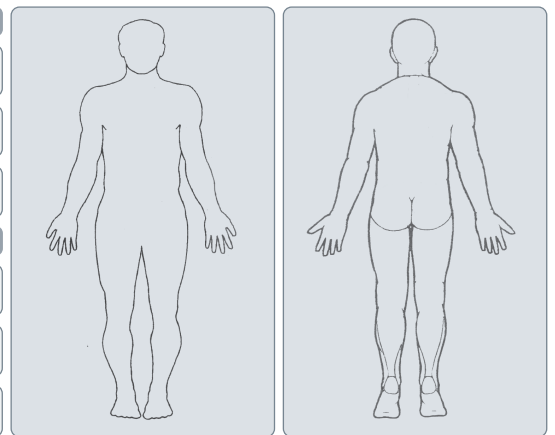
TITLE	FIRST NAME	LAST NAME	H'CAP	DATE
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ADDRESS:	HOME TEL:
	MOBILE:
	EMAIL:
POST CODE:	D.O.B:

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)

EYESIGHT:

<b>GOLF PROFILE</b>	HOME CLUB	START H'CAP
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WHAT OTHER SPORTS DO YOU PLAY AND AT WHAT LEVEL?

SPORT:	LEVEL:
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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?
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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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	SHORT IRONS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
CHIPPING	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	LONG IRONS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
PITCHING	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	DRIVER	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
BUNKERS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	SCORING ON COURSE	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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 Golf 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. In the event of any injury or illness I authorise the Golf Coach to obtain on my behalf such medical assistance that I may require. I agree that the Golf Coach may take photographs or to use video captions of my golf techniques as a tool to advance my learning.

SIGNATURE  DATE

