



Peak Performance Golf Junior Academy - Application

Applicants Name: _____

Parent(s) Name(s): _____

Address:

Phone Number(s): Home # _____ Cell# _____

Email Address: _____

Make of clubs you use: _____

Golf History

1. What is your current handicap or average score? _____
2. What is your age? _____
3. Do you play right-handed? _____ or left-handed? _____
4. Do you throw right-handed? _____ or left-handed? _____
5. Approximately how many rounds of golf do you play per year? _____
6. Approximately how many tournaments do you compete in per year? _____
7. How many hours per week do you spend practicing? _____
8. Do you actively participate in other sports? _____ If so, please list:





Golf Profile

9. What areas of your golf game would you like to concentrate on?

10. Rank the following (1-5) in the order of your strengths (1 being the best):

- Driving _____
- Fairway Woods _____
- Middle Irons _____
- Short Irons _____
- Long Irons _____

11. Rank the following (1-4) in the order of your strengths (1 being the best):

- Putting _____
- Chipping _____
- Pitching _____
- Sand _____

Physical Limitations

12. Do you have any physical limitations that would cause any problems? (Please be specific, as this information can help us design a proper program for you).

13. Do you take any special medication or prescriptions?

14. Do you have any allergies?





Emergency Contact

15. Who should we contact in the case of an emergency?

Name	_____	Contact #	_____
Name	_____	Contact #	_____
Name	_____	Contact #	_____

