



2024-2025 GOLF-ÉTUDES PROGRAM

Preliminary athletic evaluation

A program operated, accredited, and sanctioned by the Québec Golf Federation

ATHLETE IDENTIFICATION

Last name: _____

First name: _____

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Check

Right-handed	<input type="checkbox"/>
Left-handed	<input type="checkbox"/>

Check

Height	<input type="text"/>	cm
Weight	<input type="text"/>	kg

Fill-out

Shirt size	<input type="text"/>
Pants size	<input type="text"/>
Shoes size	<input type="text"/>

Fill-out

Age as of September 1, 2024: _____

HEALTH RECORD

Health insurance number: _____

Important health conditions – either current or since childhood

Important injuries – either current or since childhood

ADDITIONAL INFORMATION

Why would you like to join the Golf-études Program?

In the summer, how many times do you play golf per week?

In the summer, how many hours do you spend at the driving range per week?

Are you or have you ever been a member of a golf club? If so, please fill-out:

Seasons	Golf clubs	Head Professionals

Did you ever participate in a golf competition? If so, please fill-out:

Dates (da/mo/yr)	Competitions	Golf clubs	Scores	Rankings

Did you ever retain the services of a golf professional? If so, please identify them and explain the circumstances:

Professionals	Years	Circumstances (golf introduction, difficulty with swing, etc.)

This form must be fully filled out and returned with the *Application and Registration - 2023-2024 school year* form, by e-mail, at golfetudes@golfquebec.org