



Golf Education Program

Application Form

PLAYER INFORMATION

Last Name _____ First Name _____ Male
 DOB (dd/mm/yy) _____ Age _____ Female

MAILING ADDRESS

Street Address _____
 City _____ Province _____ Postal Code _____
 Home Phone _____ Cell Phone _____ Email _____

PARENT / GUARDIAN INFORMATION

Father/Guardian Name _____	Mother/Guardian Name _____
Home Phone _____ Cell Phone _____	Home Phone _____ Cell Phone _____
Email _____	Email _____
Name of Employer _____	Name of Employer _____
Business Phone _____	Business Phone _____
Home Address (If different from above) _____	Home Address (If different from above) _____

Parents Marital Status: Married Divorced Separated Widowed
 Who is the legal guardian of child: Mother Father Both Other

School Information

Present School _____ Present Grade _____
 School Address _____
 School Phone _____ Principal's Name _____
 Will you be attending a Saskatoon Public or Catholic School in 2020/21 year? _____

HEALTH INFORMATION

SK Health Card Number _____ Doctor's Name _____ Phone _____

Emergency Contact Name _____ Phone _____

Have you ever been diagnosed with any mental or learning challenges? Yes No

If yes, check any that apply: ADD/ADHD Depression/Anxiety Anger Management

Other, please explain _____

Current Medications _____

Please list any health concerns that _____

our staff would need to be aware of. _____

Student/Player please answer the following questions

What factors convinced you to apply to our program?

Outline some of your favorite sports, hobbies and leisure time activities.

Describe any other talents for abilities you have aside from golf (eg. art, music, etc)

List any extra development you have received for golf?

How many hours a week on average do you spend developing your game? (eg driving range, putting green, mobility training, stretch classes, workouts)

What do you like most about the game golf?

What do you dislike most about the game of golf?

Why do you want to participate in Golf Academy program?

Have you ever attended any tournaments and do you enjoy competing? Please list any tournaments you have attended.

Why is it important to have a good attitude if you want to continue developing as a player?

Deposit

\$1000.00 deposit is due at the time of registration.

Mailing Address:

114 Mendel Crescent, Saskatoon, SK, S7J 5J7

If you have any questions, please contact Joanne Chartier at:

seriousacademyofhockey@gmail.com