

# ADULT REGISTRATION

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Date: .....

First Name: ..... Surname: .....

Phone: ..... E-mail: .....

Date of Birth: .....  Retired  Occupation: .....

Would you like to receive the Golf4Life e-newsletter?  Yes  No

Do you use Social Media?  Yes  No  Twitter  Facebook  Instagram

Are you a  New Golfer  Social Golfer  Handicap  Lowest Handicap .....

Are you a member of a Golf Club?  Yes  No .....

How long have you been playing Golf? .....

How often do you play golf? .....

What is your goal for golf? .....

What would you like help with today? .....

Have you had golf lessons before?  Yes  No .....

Have you/do you play any other sports?  Yes  No .....

Do you have any other hobbies?  Yes  No .....

Do you play golf left or right-handed?  Left  Right .....

Do you write left or right-handed?  Left  Right .....

Do you wear Orthotics in your shoes?  Yes  No .....

Do you have any problems with your eyes?  Yes  No .....

Do you wear multifocal glasses?  Yes  No .....

Do you have any hearing problems?  Yes  No .....

Do you have any injuries at the moment?  Yes  No .....

Do you have any Arthritis?  Yes  No .....

Do you have any Scoliosis?  Yes  No .....

Any previous injuries, or major operations?  Yes  No .....

Do you have any special requirements?  Yes  No .....

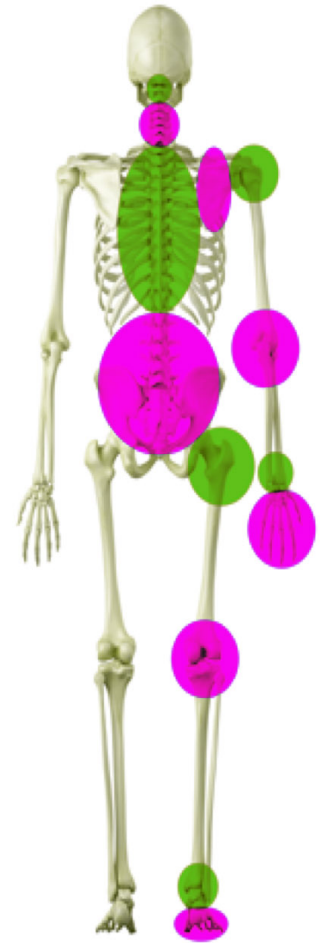
Do you have any allergies?  Yes  No .....

Please indicate if you have:  Asthma  Diabetes  Epilepsy  ↑ Blood Pressure  ↓ Blood Pressure

# The Human Body's Normal Pattern of Segments and Joints

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Foot	Stable
Ankle	Mobile
Knee	Stable
Hip	Mobile
Pelvis/Sacrum/Lumbar Spine	Stable
Thoracic Spine	Mobile
Scapulo-Thoracic	Stable
Gleno-humeral / Shoulder	Mobile
Elbow	Stable
Wrist	Mobile



**Stability**      **Mobility**

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How did you hear about Golf4Life?

- Previous client
- Family/friend's recommendation (we'd love to thank them): .....
- Golf4Life's website       Facebook       Instagram       Google/other search engine
- Other: .....