REGISTRATION



Date:				COL
Venue:				OZF4LI
First Name:	Suri	name:		
Phone: E-mail:				
Date of Birth:	Retired	d/Occupatio	on:	
Would you like to receive the Golf4Life e-nev	wsletter?	○ Yes ○	No	
Do you use social media? O Yes	No	○ Twitter	O Facebook () Instagram
Are you a O New golfer O Social golfer	○ Regul	ar golfer 0	Handicap O	Lowest Handicap
Are you a member of a Golf Club? O Yes	s O 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?	O Left	O Right		
Do you write left or right-handed?	○ Left	O 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: O Asthma O	Diabetes	Epilepsy	○ ↑ Blood Pressur	e ○ ↓ Blood Pressure

How did you hear abou	ut Golf4Life?					
O Previous client						
O Family/friend's recommendation (we'd love to thank them):						
O Golf4Life's website	O Facebook	0 Instagram	O Google (or other search engine)			
O Other:						

The Human Body's Normal Pattern of Segments and Joints

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

