

2026-2027 SPORT-ÉTUDES GOLF PROGRAM

Preliminary Athletic Evaluation Form

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



ATHLETE IDENTIFICATION

Last name: _____ First name: _____

Check the appropriate box and fill in the fields:

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

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

Height	cm
Weight	kg

Shirt size	<input type="checkbox"/>
Pants size	<input type="checkbox"/>
Shoe size	<input type="checkbox"/>

Age as of September 1, 2026: _____

HEALTH RECORD

Health insurance number: _____

Important medical conditions (current or from childhood). If yes, please list them.

Important injuries (current or from childhood). If yes, please list them.

ADDITIONAL INFORMATION

Why would you like to join the Sport-études golf 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 complete:

Seasons	Golf clubs	Head Professionals

Did you ever participate in a golf competition?

If so, please complete:

Dates (dd/mm/yyyy)	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 dully filled out and returned before September by e-mail, at golfetudes@golfquebec.org.