



## APPLICATION

Registration opens to 6 students for Fall Semester with Training Sessions from 2-4pm with Chris Smeal, PGA.

If you are Home Schooled and would be interested in earlier training sessions please call 619-339-2377.

## FALL SEMESTER 2008

Players Name: \_\_\_\_\_  
Players Age: \_\_\_\_\_  
Birthday: \_\_\_\_\_  
School: \_\_\_\_\_

Parents Names: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBERS:  
Home: \_\_\_\_\_  
Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Current Average Score: \_\_\_\_\_

Tuition Fees: \$2700

Tuition due upon acceptance into the program. Do not send check with application unless directed by Future Champions Golf Staff.

## PLAYING RESUME:

Tournament Results for the Past Year:

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Previous Lesson and Coaching Experience:

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Lowest Score in Practice: \_\_\_\_\_

Lowest Score in Tournament: \_\_\_\_\_

Describe your Current Fitness Routine: \_\_\_\_\_

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List all the Golf Books you have Read: \_\_\_\_\_

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### GOAL SHEET:

Semester Goals: \_\_\_\_\_

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One year from now goal: \_\_\_\_\_

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Four-Year Goal: \_\_\_\_\_

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Answer this question: I registered for the Future Champions Golf Performance Institute because I want to: \_\_\_\_\_

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Favorite Golfer: \_\_\_\_\_

Favorite Golfing Memory: \_\_\_\_\_  
\_\_\_\_\_

Favorite Golf Swing: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL RELEASE FORM:**

Please list any medical conditions that we should be aware of including allergies and injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Waiver of Liability/Emergency Treatment Form must be completed in order for your child to participate.

**WAIVER OF LIABILITY:**

I agree that the above student's participation in the Future Champions Golf Performance Institute and the activities at Stadium Golf Center, Carlton Oaks GC or elsewhere is without assumption of liability of any nature by Stadium Golf Center, its Officers, Directors, Employees and Staff or other Volunteer Instructors, any golf course or driving range or any other facility where the program activities are conducted. I do hereby release and discharge the above mentioned individuals and entities from any and all claims my child may suffer or sustain, directly or indirectly, in connection with any such participation and activities.

**PARENT/GUARDIAN SIGNATURE**

Date: \_\_\_\_\_  
Signature Parent/Guardian: \_\_\_\_\_  
Name of Emergency Contact: \_\_\_\_\_  
Numbers in case of emergency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_