**Player Profile**

**Our player profile is designed to give us the best understanding of you and your golfing needs. We have found our initial evaluation to be an invaluable resource when assessing a new client’s golf game.**

**It allows us to sit down in a comfortable setting and get to know you as a person and as a serious golfer.**

**We simply want to know your story. What are your goals? What drives you? What can derail you?**

**Enjoy filling out your profile and we look forward to taking your game to the next level.**

**Please fill in the questions below, leaving blank those not relevant to you:**

 **Full Name:** Enter

**Email Address: Enter**

**Telephone Number: Enter**

**Mobile Number: Enter**

 **Date of Birth: Enter**

**Golf Club Affiliations (If applicable): Enter**

 **Present Handicap (If applicable): Enter**

**Lowest Handicap to date: Enter**

 **Left or Right Handed: Enter**

**Learning Style**: **Technical Player**

**Frequency of Practice/Play: Enter**

**Any golfing injuries? Past or Present: Enter**

**What are your ambitions for the sport you play?**

**Enter**

**Do you have an interest in any other sport?**

**Enter**

**After we have completed our work together how will you know that it has been successful?**

**Enter**

**How important is your sport to you?**

**Enter**

**What has stopped you achieving your goals in the past?**

**Enter**

**Have you ever worked on the mental side of your sport before?**

**Enter**

**What key mental skills do you need to develop?**

**Enter**

**Have you ever worked on the fitness side of your sport before?**

**Enter**

**What are the strong points of your game?**

**Enter**

**Weakest aspects of your game?**

**Enter**

**What have been your best performance/es to date?**

**Enter**

**What has been the most disappointing performance?**

**Enter**

**How do you work on the technical side? Coaching, training and development.**

**Enter**

**Which athlete/s on the world stage do you admire the most and why?**

**Enter**

**Who has influenced your game the most to date?**

**Enter**

**How well do you react to pressure situations?**

**Enter**

**How much do you enjoy competing?**

Enter

**Could being more successful with your sport impact the people closest to you? If so, in what way?**

**Enter**

**Could there be any other consequences to you being successful with your game?**

**Enter**

**If there was ONE thing that could stop you what would it be?**

**Enter**

**How good will success feel?**

**Enter**

**Any other comments or information:**

**Enter**

 **Once filled out, please save to your computer and email attachment to** **ben@benemersongolf.com**

**To Book your Movement Assessment, K-VEST 3D & Trackman assessment please click on the link below to book online:**

[**www.benemersongolf.com/booking**](https://bowoodgolfacademy.setmore.com/resourcebookingpage/rcd7cef241153dd119ff2efcc4db461b5689106fb)

