

Youth Golf Program Parent Survey

PLAYER INFORMATION

FULL
NAME:

NICK
NAME:

BIRTH
DATE:

HEIGHT IN
INCHES:

(Measure with shoes on)

SCHOOL:

FAVORITE
SUBJECT:

GRADE:

PARENT/GUARDIAN INFORMATION

FULL
NAME(S):

CELL PHONE
NUMBER(S):

DESCRIBE YOUR
GOLF EXPERIENCE

WHAT IS YOUR
HANDICAP OR
AVERAGE SCORE

GOALS AND INTERESTS

What is the primary reason you are signing your child up for youth golf?

As a parent, what are your long-term goals for your child in playing the game?

Why did you select this program?

What are your child's interests in taking part in the youth golf program?

What are your child's short-term goals in the youth golf program? What are their long-term goals?

Who is your child's favorite professional golfer?

Who is your child's favorite professional athlete?