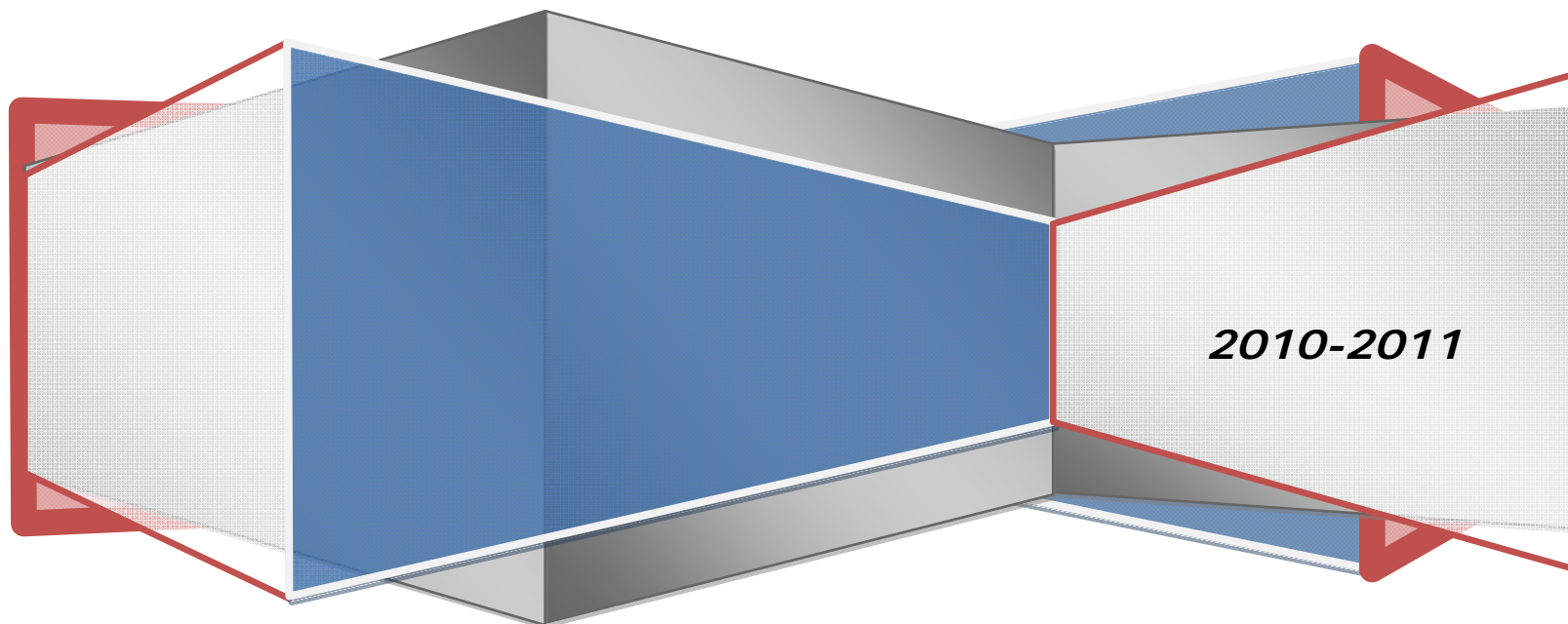


# *Junior Golf Performance Academy*

*Application for Admission*

*2010-2011*



# Junior Golf Performance Academy

## Application for Admission

### Application Instructions:

Application Fee: \$200. Please print in black or blue ink only. Return via mail or fax the application to the contact information below with a 2" X 2" photograph attached or printed in color at the end of this document. All checks are to be made payable to The Golf Performance Institute of America. All fees are in US dollars. You may also pay using a credit card by contacting the academy directly by calling 407.905.2242. Credit card information will be securely protected on file.

Send JGPA application form & all payments to:

ATTN: The Golf Performance Institute of America  
16301 Phil Ritson Way  
Winter Garden, FL 34787

### Application Requirements:

Membership Fee \_\_\_\_\_  
Interview/Tour \_\_\_\_\_  
JGPA application \_\_\_\_\_  
Photograph \_\_\_\_\_

### Student Information:

Family/Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_

Gender: \_\_\_\_\_M \_\_\_\_\_F Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City State Zip/Postal Code Country

Home Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Birthplace: \_\_\_\_\_

What is your native language? \_\_\_\_\_

If your first language is not English, how long have you been studying English? \_\_\_\_\_

**Family Information**

Father's Name: \_\_\_\_\_  
Company/Business: \_\_\_\_\_ Position: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Number and Street

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City	State	Postal/Zip Code	Country
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Mother's Name: \_\_\_\_\_  
Company/Business: \_\_\_\_\_ Position: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Number & Street

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City	State	Postal/Zip Code	Country
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Student resides with: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_  
\_\_\_\_\_

If parents are separated or divorced, who has legal custody of applicant? \_\_\_\_\_

**General Information**

Please list activities outside of golf that you have been involved with, such as clubs, school community organizations, and other sports.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your academic goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your golf goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Does the applicant have any health problems that may limit physical activity? If YES, please explain.

\_\_\_\_\_

Is the applicant currently under the care of a Physician? If YES, please explain.

\_\_\_\_\_

Has the applicant consulted a psychiatrist and/or a psychologist? If YES, please explain.

\_\_\_\_\_

Is the applicant on any medication program? (Insulin, Dilantin, Ritalin, etc.) If YES, please explain.

\_\_\_\_\_

Has applicant been involved with any law enforcement agency, used illegal substance, or been treated for drug, alcohol, or other substance abuse? If YES, please explain.

\_\_\_\_\_

Are there any medical, emotional, or physical needs that the Academy should be aware of?

\_\_\_\_\_

**Statement of Accuracy**

By signing below, I certify the information provided on all pages of this application is accurate and true to the best of my knowledge. If accepted, I/we agree to abide by all rules and regulations of the JPGA and Student Code of Conduct, including the following:

- 1) To refrain from use of alcohol, tobacco, & illegal drugs;
- 2) To treat other fellow junior members,, the staff, & people associated with the JGPA with courtesy, dignity & respect, and to refrain from language or conduct which may bring myself or the JGPA into disrespect;
- 3) To comply with the JGPA Dress Code;
- 4) To follow the rules of good sportsmanship & to represent myself, academy, & my coaches honorably & with pride;
- 5) To apply myself with diligence & dedication to become the best student, athlete, & person that I can be.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*The United States Junior Golf Performance Academy does not discriminate on the basis of race, religion, sex, or national origin in the athletic or academic programs, admissions policies, or any other school activity.

If paying application fees by credit card, I authorize the JPGA and The Golf Performance Institute of America to charge my credit card for the membership fee, as well as each payment fee for the program. Please charge these fees to the following credit card (American Express, Discover, Visa or MasterCard):

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You may download or print the application, scan and email it to our Academy at sgraham@tgpia.com  
Send to the attention of Spencer Graham, Academy Director & President.

## Golf Information

Are you currently or have you taken golf lessons in the past? \_\_\_\_ Yes \_\_\_\_ No

Name of Current or Past Golf Coach: \_\_\_\_\_

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

Practice Facility/Club: \_\_\_\_\_

## Student Golf Resume

Number of Years Playing: \_\_\_\_\_ Right Handed or Left Handed? \_\_\_\_\_

Number of Years Competing: \_\_\_\_\_ Handicap Index \_\_\_\_\_

Yardage you compete from: \_\_\_\_\_ List last three 9 or 18-hole scores: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Are you a member at a golf club? \_\_\_\_ Yes \_\_\_\_ No Club/Course Name? \_\_\_\_\_

Have you ever been fitted for golf clubs? \_\_\_\_ Yes \_\_\_\_ No

Do you enjoy practicing golf? \_\_\_\_ Yes \_\_\_\_ No If so, which area is your favorite? \_\_\_\_\_

What do you have the greatest difficulty with: \_\_\_\_ Contact \_\_\_\_ Direction or \_\_\_\_ Distance?

When contact is not solid, do you have a tendency to be: \_\_\_\_ Thin? \_\_\_\_ Fat?

Are you most likely to miss: Way Left? \_\_\_\_ Left? \_\_\_\_ Right? \_\_\_\_ Way Right? \_\_\_\_

Golf Strengths:

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Golf Weaknesses:

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List three goals that you would like to achieve with your game:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Student/Parent is encouraged to commit to the annual program.

Please attach your most recent accomplishments or golf resume to this document.

If you have any questions, please contact Spencer Graham, Academy Director & President at [sgraham@tgpia.com](mailto:sgraham@tgpia.com) or call 407-905-2242.