

Youth Sports Evaluation

Dear Parent/Guardian:

We are pleased to have your child participating in our Youth Sports program.

Our goal is for each child to learn the fundamentals of the game, develop self-esteem, see the value of teamwork and good sportsmanship, while having fun!

We are always looking for new ways to improve our program and your opinion provides valuable information. Please take a few moments to complete this evaluation and return it to the Burlington Area Community YMCA-YWCA front desk.

Thanks in advance for responding.

Sincerely,

Jill Mason
Youth & Adult Sport Director
Burlington Area Community YMCA-YWCA

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
OVERALL				
How do you rate this program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your child's opinion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUR PEOPLE				
Coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUR FACILILITES				
Condition of fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of facilities and grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUR PROGRAM				
Builds self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaches fundamentals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fair level of competition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of program for cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Game Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Game Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What does your child enjoy most about our sports program?

How can we improve our youth sports program? _____

What program is your child participating in?

What is your child's age? _____ Grade _____

Who is your child's coach? _____

How did you hear about our youth sports programs?

- Friend
- Program participant
- Advertisement
- Other (Specify) _____

Would you recommend our program to a friend?

- Yes
- No

The Youth Sports Program:

- exceeded expectations
- met expectations
- below expectations

Additional comments about our Youth Sports Program _____

Would you like our office to contact you?

- Yes
- No

Name _____

Address _____

City/Zip _____

Phone _____