



Parent Questionnaire for YOUTH SPORTS PROGRAMS

1. What sport did your child participate in? Soccer Basketball Baseball
2. What age group did your child play in?
5-6 yr 7-8 yr 9-10 yr 11-12 yr 13-15 yr
3. What were the coaches' or team's names? (optional)

4. Please rate your child's coach Excellent Good Fair Poor
5. What were the strong points of your child's season?

6. In what ways did you feel your child benefited from the sports program?

7. Do you feel the program could be improved? If "Yes," please explain.

8. How do you feel about the officials calling the games?

9. What is your overall opinion of the SJAFB Youth Sports Program?

10. Would you allow your child to participate in more Youth Sports Programs on base?
Yes No

Age of Your Child: _____

Please feel free to use the space on the back for additional feedback that might help improve our overall sports department. Please return this questionnaire to the Youth Center when finished. Thank you for your time!

Sandy Phillip
Youth Sports & Fitness Director