

# PARENT QUESTIONNAIRE / SURVEY

Date: \_\_\_\_\_

Season: \_\_\_\_\_

Coaches Name: \_\_\_\_\_

Division: \_\_\_\_\_

Child's Name (Optional): \_\_\_\_\_

Your Name (Optional): \_\_\_\_\_

1. Are you interested in coaching next year? YES NO
2. If so, would you attend a coaching clinic to further your skills as a coach? YES NO
3. Would you like to referee? YES NO
4. If so, would you attend a referee class? YES NO
5. Is there someone you recommend to coach next year?

➤ Name & Phone Number: \_\_\_\_\_

6. Do you know of anyone interested in refereeing in LBYSO next year?

**\*\* If you referee 10 games you get 1 child's registration free / 15 games, whole family is free.**

➤ Name & Phone Number: \_\_\_\_\_

7. Do you know of anyone interested in being a LBYSO Commissioner or Board Member?

➤ Name & Phone Number: \_\_\_\_\_

8. Do you have any recommendations the Board should consider for next year?

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9. Do you have any general comments regarding coaching, refereeing, or operations of LBYSO?

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10. Please tell LBYSO about your coach (Positive & Constructive Criticism). This will assist us in where we need to go in the coaches training program.

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**LBYSO is your league. We the Board represent you and the best interest of your child. We need the feedback, positive and constructive criticism so we can best serve our players. Please be candid.**

**ALL INFORMATION IS CONFIDENTIAL!!**