

Mills Branch / Woodstream Marlins Swim Team 2010 End of Season Survey

Family Name:		
Email Address:		
Phone:		
Do you plan on returning to The Marlins next year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, what changes would be required to allow you to rejoin next year?		

REGISTRATION AND ORIENTATION

How would you rate your overall registration experience?	High - <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 - Low	
Were the registration forms easy to obtain and complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were registration signs and notifications made clear to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you find the Orientation / Parents meeting to be helpful?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Comments regarding Registration:		

SWIM PRACTICES AND MEETS

Did you feel practices met your expectations in levels of instruction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel there was adequate supervision on deck?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you have opportunities to receive feedback on your swimmer's development?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you have opportunities to give feedback to the coaches on your swimmer's development?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did your child enjoy the practices and swim meets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did your child show significant improvement over the course of the season?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Comments regarding Practices:		
Do you feel the home meets were organized and flowed efficiently?	High - <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 - Low	
Do you feel the swimmer's areas were safe and clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel that there were adequate volunteers used during the meets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Comments on Home Meets:		

COACHING STAFF

Please provide your assessment on the Coaching Staff in general.	High - <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 - Low	
Did you find it easy to make contact with Coaches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide your assessment of the coaches.		
Coach Clay (Head Coach) (9-10's)	High - <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 - Low	
Coach Eric (11-12's)	High - <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 - Low	
Coach Olivia (7-8 girls)	High - <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 - Low	
Coach Paige (13 & up)	High - <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 - Low	
Coach Shelby (7-8 boys)	High - <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 - Low	
Coach Steven (6 & under)	High - <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 - Low	
General Comments on Coaching:		

CONCESSIONS

Were the choices of the food adequate at home meets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were the prices of the food appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How would you rate the food value and quality?	High - <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 - Low	
General Comments on Concessions:		

TEAM MERCHANDISE / PHOTOS

Were you satisfied with the type and availability of swim gear (shirts, goggles, swim caps, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please write suggestions of items you would like to see in the future		
Were you happy with the photographer and the quality of his work, this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please use this space to add any additional comments about the photographer and the quality of his workmanship		

HANDBOOK / WEBSITE / EMAIL

How did you receive most of your information regarding the team functions? (e.g., practices, meets, social events, etc.)	<input type="checkbox"/> Other Parents <input type="checkbox"/> Board Members <input type="checkbox"/> Website <input type="checkbox"/> Handbook <input type="checkbox"/> Coaches <input type="checkbox"/> Posters <input type="checkbox"/> Newsletter/Snarlin' Marlin <input type="checkbox"/> Emails	
How often did you visit the Website?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Not at all	
How would you rate the level of communication?	<input type="checkbox"/> Too much <input type="checkbox"/> Adequate <input type="checkbox"/> Not enough	
Would you like to receive a hard copy of the handbook at the Registration next year? (Please indicate No, if access to the handbook on the website is sufficient)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SWIM TEAM BOARD / VOLUNTEERS / FUNDRAISING

Did you find it easy to make contact with Board members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where did you volunteer this year? (timer, scribe, runner, team parent, ready bench, concessions, etc.)		
Would you volunteer in the same area next year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the volunteer deposit amount acceptable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was it convenient for you to sign up to volunteer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Comments on Volunteering: _____ _____ _____		
Did the team have the right mix of swimming and non-swimming events?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What Non-Swim Meet Events did you participate in?	<input type="checkbox"/> Team Pictures <input type="checkbox"/> Pep Rallies <input type="checkbox"/> Swim-a-cross <input type="checkbox"/> Skeeter's Mesquite Grill <input type="checkbox"/> Movies	
Would you rather give an up front fixed donation at the beginning of the season or participate in multiple fundraising events?	<input type="checkbox"/> Donation	<input type="checkbox"/> Fundraisers
If you chose Donation, what do you determine would be an appropriate amount? <i>Remember, this can be used as a tax write-off!</i>	<input type="checkbox"/> \$20 <input type="checkbox"/> \$25 <input type="checkbox"/> \$30 <input type="checkbox"/> \$35 <input type="checkbox"/> \$40 <input type="checkbox"/> Other (please specify amount)	
Would you or your company be interested in team sponsorship for the next season?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Would you be interested in becoming an Official? We are looking into an incentive program, which would refund one swimmer registration at the end of the season.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you be interested in becoming a Board Member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please tell us about your overall Marlin experience.		
Any Other Comments / Suggestions:		