## Athletic Program Survey

Thank you for taking the time to complete this survey by the Locust parks and recreation department. We are committed to monitoring the quality of services we provide our residents. We would appreciate your feedback on our programs and our performance.

If there is a serious matter you wish to share, or one that you wish to remain anonymous, please complete the Complaint Form available on our website at locustnc.com/sports.

There are three sections and will take less than 5 minutes total. Please complete the survey only once for each player/season.

## Section 1: Player Information

1.	What program are you evaluating?
	☐ Soccer (fall or spring)
	☐ Baseball (fall or spring)
	☐ Volleyball
	☐ Basketball
	☐ Tennis
2.	Are you a resident/taxpayer within the City of Locust City Limits?
	☐ Yes
	□ No
3.	Have your children participated in Locust Parks and Recreation Athletic Programs in the
	past?
	☐ Yes
	□ No
4.	Which team was your child(ren) on? (Please provide the team's division and color,
	and/or coaches name (example: Teeball Green, or U6 Jones))
	<del></del>

Section 2 below

## Section 2: Program Attributes

(Please rate the following program attributes)	Poor	Neutral	Excellent
Registration with the new Sports Engine system			
Communication within Sports Engine and the team			
Team placement/division			
Head Coach's Knowledge/Ability			
Coaches' Personality/Helpfulness			
Length of Program			
Cost of Program			
Quality of Facilities			
Communication with Locust Parks and Recreation Athletic Coordinator			
Communication with Locust Parks and Recreation Athletic Coordinator			
Overall satisfaction with this season			

## Section 3: Final Thoughts

1.	How has your child benefitted from this program? (check all that apply)
	☐ Learned new skills
	☐ Refined current skills
	☐ Socially/meeting new people
	☐ Benefitted mental health
	☐ Benefitted overall physical health and fitness
	☐ Increased knowledge on the sport
	☐ Increased self-esteem
	☐ Team-work skills and good sportsmanship
2.	What would you consider to be the greatest strength of our program?
3.	What would you consider to be the greatest area of improvement of our program?

4.	Please share any feedback for Locust Parks and Recreation staff, Athletic Coordinator Park Director?
5.	Please share any feedback regarding the coaches? (If you would like to share more detail or anonymous information, please complete the complaint form, found online a locustnc.com/sports and submit to parks@locustnc.com or at Locust City Hall.)
6.	Final Comments or suggestions for improvements
	Date:
	Printed Name:
	Signature:
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Please submit survey:

- By email to <a href="mailto:parks@locustnc.com">parks@locustnc.com</a>
- By mail to PO Box 190, Locust, NC, 28097
- By delivery to Locust City Hall, or in evening drop box, at 186 Ray Kennedy Dr., Locust, NC, 28097