



Wilmot Girls Hockey Association
PO Box 6088
New Hamburg, ON
N3A 2K6

PARENT/PLAYER FEEDBACK FORM

Age Group: _____ Level: _____ Team: _____

Head Coach: _____ Trainer: _____ Manager: _____

Asst Coach: _____ Asst Trainer: _____ Other: _____

The information collected here will be used to provide feedback for our coaches and our program for the upcoming season. Please be honest in your responses to the following questions. Your feedback is valued and will help us to improve the quality of our program. Use the back of the form if needed.

PLAYER INPUT:

Did you have fun being on this hockey team?

Did you learn more about hockey?

Do you think you improved at hockey?

If you played Local League this year would you try out for a rep team next year?

Did you think ice time was fair?

What was the most fun “drill” in practice?

What was the least fun “drill” in practice?

What would you change to help next years team?

PARENT INPUT:

Did your daughter have fun with the hockey experience?

Do you feel your daughter became a better hockey player?

Did your daughter make new friends?

Did you think the playing time was fair?

Was the coaching staff too strict?

How was the coaching staff's communication with parents?

Please provide any other feedback for the coaching staff or for the executive in general...

Signature (Optional)_____

Thank you for taking the time to complete this review. Your comments will assist the Wilmot Girls Hockey Association in presenting a first class Girls Hockey program.

**Completed forms can be mailed to the WGHA, Box 6088, New Hamburg, ON N3A 2K6
or Faxed to (519) 634-9045 or emailed to info@wilmotgirlshockey.com**