



# Lincoln Spirit Soccer (LSC) Player Participation Survey

\*Please enclose survey with your registration form.

| DEMOGRAPHICS  |                  |                     |                        |                   |                 |
|---|------------------|---------------------|------------------------|-------------------|-----------------|
| Player's Name:  |                  | Spring Team Name:   |                        |                   |                 |
| Street Address:   |                  | City/State/Zip:     |                        |                   |                 |
| Phone:  | Player's Gender: | Male                | Female                 | Date of Birth:    |                 |
| Number of Seasons (Fall and Spring) player has been with LSC.   | 1-2              | 3-4                 | 5-6                    | 7-8               | >9              |
| Total number of children in family:   | 1                | 2                   | 3                      | 4                 | 5+              |
| Total number of children currently participating in LSC:  | 1                | 2                   | 3                      | 4                 | 5+              |
| PLAYER PARTICIPATION QUESTIONS  |                  |                     |                        |                   |                 |
| 1. I feel my team was well balanced for my age group.   | Strongly Agree   | Slightly Agree      | Slightly Disagree      | Strongly Disagree | Not Applicable  |
| 2. I feel I understood the basic soccer techniques and rules for my age group at the end of the season.   | Strongly Agree   | Slightly Agree      | Slightly Disagree      | Strongly Disagree | Not Applicable  |
| 3. Which is more important? Playing with your friends, playing on a higher level team or both: <i>Circle one please.</i>  | Friends          |                     | Higher Level Team      |                   | Both            |
| 4. I enjoy playing the following position the most (circle one or all that apply):  | Goal-keeper      | Defender            | Mid-fielder            | Forward           | No preference   |
| 5. The number of games we play each season (8) is just about right.   | Play More        | Just Right          | Play Less              | Doesn't matter    |                 |
| 6. The following number of practices per week is ideal for me.  | 1                | 2                   | 3                      | 4+                |                 |
| 7. I would like to participate in more tournaments.   | Strongly Agree   | Slightly Agree      | Slightly Disagree      | Strongly Disagree | Not Applicable  |
| 8. I would like additional specialty training with the team (provided by British Challenger).   | Strongly Agree   | Slightly Agree      | Slightly Disagree      | Strongly Disagree | Not Applicable  |
| 9. I would like additional individual specialty training.   | Strongly Agree   | Slightly Agree      | Slightly Disagree      | Strongly Disagree | Not Applicable  |
| 10. What other activities/recreational sports do you participate in? <i>circle all that apply</i>   |                  |                     |                        |                   |                 |
| Ballet/Dance/Gymnastics   |                  | Basketball          |                        | Baseball/Softball |                 |
| Football  |                  | Hockey/Lacrosse     |                        | Volleyball        |                 |
| Other _____   |                  |                     |                        |                   |                 |
| 11. I consider soccer my primary sport.   | Strongly Agree   | Slightly Agree      | Slightly Disagree      | Strongly Disagree | Not Applicable  |
| 12. What are your soccer goals? <i>Select all that apply.</i>   | Travel Team      | High School Team    | College Team           | Other             |                 |
| 13. Friend / Coach request... <i>enter name and circle friend or coach.</i>   |                  |                     |                        |                   | Friend<br>Coach |
| 14. Overall, how would you rate your family's experience playing soccer with LSC?   | Very Satisfying  | Slightly Satisfying | Slightly Un-Satisfying | Un-satisfying     | Not Applicable  |
| 15. If you would stop playing soccer with LSC, what is the main reason for leaving?   |                  |                     |                        |                   |                 |
| 16. If you could change one thing about LSC what would it be?   |                  |                     |                        |                   |                 |
| PARENT QUESTIONS  |                  |                     |                        |                   |                 |
| 17. With the understanding that LSC strives to keep costs down for the participants, would you consider an additional \$50 per season to be a reasonable cost per player for team training (8 team sessions)? | Strongly Agree   | Slightly Agree      | Slightly Disagree      | Strongly Disagree | Not Applicable  |
| 18. Did you feel LSC was a good value for the registration fee you paid?  | Strongly Agree   | Slightly Agree      | Slightly Disagree      | Strongly Disagree | Not Applicable  |

The purpose of the survey is to gather information on player commitment and goals. Survey information will be kept confidential.