**Why did you register your child in softball?**

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**What are your expectations of the program leaders, and specifically of the coaches?**

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**In your opinion, what goals should be set for the team by the team leaders or coaches?**

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**Identify values that you think should be promoted by the program.**

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**Important facts about your child that the coaches should know about (e.g. allergies, health issues, previous injuries, etc.).**

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**\*\*Please return this questionnaire at least 1 week before the parent's meeting\*\***

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| Player’s Name |  | Parent/Guardian's Name |
|  |  |  |
|  | Date: |  / / (dd/mm/yy) |