

Development Clinic Survey - Coaches

October 2009



Return survey by NOVEMBER 9, 2009 to:
 Phyllis Boulton c/o 225 Wardrop St., Morden MB R6M 1N4 Email: pboulton@goinet.ca

CONTACT INFORMATION

Date:

First Name: Last Name:

Mailing Address:

Town: Postal Code:

Home Phone: Work Phone: Cell Phone:

Email Address:

You coach what sport(s)?

DEVELOPMENT CLINICS

In order of importance to you and your athletes (from #1 - most important to #8 - least important), which of the following clinics would you participate in?

- | | |
|--|---|
| <input type="checkbox"/> Nutrition in Sport
<input type="checkbox"/> Injury Management
<input type="checkbox"/> Lifestyle Modification Programs
<input type="checkbox"/> Dynamic Warm-ups | <input type="checkbox"/> Concussion in Sport
<input type="checkbox"/> Activity & Health
<input type="checkbox"/> Substance Use
<input type="checkbox"/> Sport Psychology |
|--|---|

Please give us your suggestions for other topics of interest.

AVAILABILITY TO ATTEND CLINICS *When are you most available to attend clinic sessions?*

Choose all that are applicable by placing an "x" in the appropriate space.

	Time of Day			Length of sessions			
	<u>Morning</u>	<u>Afternoon</u>	<u>Evening</u>	<u>1-2 hrs</u>	<u>3-4 hrs</u>	<u>1 day</u>	<u>2 days</u>
<input type="checkbox"/> Monday							
<input type="checkbox"/> Tuesday							
<input type="checkbox"/> Wednesday							
<input type="checkbox"/> Thursday							
<input type="checkbox"/> Friday							
<input type="checkbox"/> Saturday							
<input type="checkbox"/> Sunday							

Comments: Do you have something else to tell us?

Anyone filling in this survey will be contacted after November 9th and provided with detailed information about actual clinic/workshop opportunities and registrations. A Certificate of Participation will be provided to anyone who actively participates in the sponsored clinics/workshops.