



# Cumberland United-Unis Soccer Club

## 2009 PLAYER ANNUAL REVIEW



If not picked up, then you can mail them to - CUSC P.O. Box 51037 Orleans Ontario K1E 3W4  
Or drop them off at 860 Taylor Creek Drive Unit #5

Team: \_\_\_\_\_ Age: U-\_\_\_\_ ~~MOA~~ Team Name: \_\_\_\_\_

Coach: \_\_\_\_\_ Co-Coach: \_\_\_\_\_

**NOTE:** The information contained on all completed forms is for the sole use of the Executive Committee of the Cumberland United-Unis Soccer Club. This information may be used to assist in planning for next year and to identify potential areas for improvement. If there is anything that you would rather discuss in private, please include your name and phone number, and the appropriate Director will contact you. All conversations will be kept in strict confidence.

### PART I - CLUB ADMINISTRATION

1. Were you satisfied with the overall administration of this season? YES NO

Comments (areas to improve and areas where we are doing a good job):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_/ more space on back

### PART II - PLAYING SEASON

1. Did the player enjoy playing this year? YES NO
2. At this time, is it likely that the player will return to play for a CUSC team next year? YES NO
3. Did the player develop in respect to improving personal skills and learning the game?  

VERY MUCH	QUITE WELL	TO SOME EXTENT	VERY LITTLE
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4. Were practice and game times satisfactory? YES NO
5. Was the season length satisfactory? JUST RIGHT TOO LONG TOO SHORT
6. How would you rate the Home Game Officiating? VERY GOOD GOOD FAIR POOR

### PART III - COACH

The Coach ...

1. Was an effective role model.
2. Taught and practiced the FAIR PLAY philosophy.
3. Demonstrated good conduct.
4. Communicated well with players, parents and officials.
5. Was well prepared and organized.
6. Has demonstrated the ability to teach players.
7. Created an enjoyable learning experience.
8. Ensured a minimum 50% of playing time for all team players.
9. If my child would be on a team with this Coach again.

STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	NO OPINION

7. How would you rate the team's Practice Sessions (if applicable)?

- |                               |           |      |      |      |
|-------------------------------|-----------|------|------|------|
| Content/Quality of Practice:  | VERY GOOD | GOOD | FAIR | POOR |
| Relevance to Game Situations: | VERY GOOD | GOOD | FAIR | POOR |
| Enjoyment by Player:          | VERY GOOD | GOOD | FAIR | POOR |

8. Please rate the overall quality of the Coach by circling the word that best describes your feelings.

EXCELLENT GOOD AVERAGE POOR

9. General Comments: \_\_\_\_\_  
\_\_\_\_\_

OPTIONAL:

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\_\_\_\_\_  
Signature Name Telephone Number

