

Ringette Team Questionnaire

Please take the time to complete this and return it to your coach.
This information will help our team to better plan the Ringette season.

Parent Name: _____ Childs Name: _____

Email: _____

1. Please identify which volunteer position(s) you would be interested in helping with this season:

- Dressing room supervisor (league and tournament games)
- Emergency control person for games (must have cell phone)
- Girls team fundraising committee (2 or 3 parents needed)
- Lethbridge tournament committee rep.
- Penalty box keeper for home games
- Snack coordinator for games
- Social activity coordinator (off ice)
- Time keeper for home games
- 50/50 ticket seller for home games
- Team Treasurer
- Team Manager (Manager Certification from Ringette Canada)
- Team Trainee (Valid First Aid Certification & proof of this certification)

2. Would you like to attend out of town tournaments this season?

Please circle YES NO

If yes, how many (remember the Lethbridge Tournament Nov. 20-22nd)

Please circle 1 2 3 4 5

3. If you said yes to question number two , please answer the following:

Which of the following tournaments can you and your child commit to?

- Lethbridge Nov. 20-22
- Leduc Jan
- Strathmore, TBA, usually in February
- Medicine Hat, TBA
- Bassano
- Calgary Esso Golden Ring Jan
- Rockyford TBA
- Red Deer
- Brooks
- Edmonton Silver Ring
- Airdrie Nov
- Lacombe Dec
- Spruce Grove
- Sherwood Park Nov

ALL TOURNAMENTS REQUIRE OVER-NIGHT STAY(S)

4. Fundraising

Tournaments and social activities are an additional expense to the team/parents. Therefore, we will need to raise funds to cover these expenses. Would you prefer to pay a cash amount (\$40 to \$50 per tournament) or fund-raise for tournament entry?

Please circle CASH FUND-RAISE

We hope to have a small fund-raiser soon to subsidize social events / activities including the year end party.

5. Are you interested in purchasing a team hoodie for your child for approximately \$40 - \$50?

Please circle YES NO

6. Any medical conditions or health (for child) concerns that we need to know about?

7. Your child's personal health number. _____
(In case of need for medical attention when/if your child is traveling with other team members)

Please return this to your coach ASAP. If you have any questions please contact me. My contact information is available on the team snap site.

Thank you,

Manager