



HEALTH AND HAPPINESS EVALUATION

Fill out the form with honesty

NAME

FULL NAME

E-mail

example@example.com

TEAM

U13, U14, U15, U16, U17, U18, ACADEMY, THAIKINDO, VOLLEY BALL

Evaluation

Excellent Good Average Poor

Over all training sessions

Are you getting recovery period of rest

what about the fitness training sessions

Medical facility

Gym facility

Instructor uses appropriate teaching methods

Instructor uses right training gadgets

Qualification, Training skill of staffs

Overall Ambience and Safety of the club

Healthcare coverage for ailments

Uniforms

Pitches