



Steele County Blades Parents Questionnaire

Your Names:

Your Son's Name:

Your Address:

E-mail Addresses:

Cell Phone Numbers:

Do you have brothers or sisters? If yes, please list their names and ages:

Is your son planning to work? If yes, please list the types of jobs he has had:

Is your son planning on taking post-secondary classes?



Does he have allergies? If yes, please explain to what and what you do for them:

Does he take any medications? If yes, will he need assistance in getting prescriptions filled?

What is his church affiliation?

Please tell us about his hobbies or interests:

Is he able to wash his own laundry?

Please briefly describe your son's personality.

What does your son like to do with his free time?



Does your son tend to be a "social" person or a "stay at home" body? Does he have any pre-game rituals?

He likes to eat these foods for breakfast (list at least three items for each):

Snacks you keep on hand:

His favorite fruits are:

His choice of dinner meals are:

He likes these desserts:

He drinks these beverages:



His favorite veggies are:

Are there any food he absolutely hates?

This is what he eats for pre-game meals:

This is what he takes for road trip food:

Is there anything else we should know about his food preferences?

Thank you for completing this form.

Any questions, please feel info@steelecountyblades.com.

 @SCBlades   @steelecountyblades