Participation Information for Hockey

A Form for Programs and Agencies

Child's Name:	A	ge:	_			
Our goal is to provide a best help him or her to complete the questions program.	participate successfu	ılly in ho o	c key . Th	ank you	for taki	ng the time to
What are your child's go comments below.	oals for hockey? Plea	se choose	e from th	ne list pr	ovided a	and/or add
□ try different pos□ build confidence□ learn or improve□ enjoy a social & n	with team mates and itions	s with peer				
Additional comments:						
On a scale from 1 to 10,						4.0
1 2 3 Not at all comfortable	4 5 Somewhat Comfortable	6	7	8	9	10 Extremely Comfortable
Here is a list of commor Please check any of the so that we are able to w	issues that you wou	ld like to	discuss i	_	_	_
 being in the dress handling noise following the rule 	he rules	ing with r	ioise, ro	utine, sm	nells, etc	c.)
\Box listening to instr	ructions in the dress	ing room,	on the l	oench/o	n the ice	9





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	following instructions in the dressing room/on the bench/on the ice
	receiving feedback from the coach
	being a good sport
	coping with defeat
	Other(s):
What a	are the best ways for us to help your child to have a fun and successful hockey ence?
	list any medical issues or concerns you may have related to your child's pation in hockey.
I woul	d like to meet with my child's coach prior to the first practice:
Best w	ray to contact me: (please provide name, phone number and/or email address):

If you are concerned about the physical accessibility of a facility and would like to gather more information prior to enrolling or attending an activity, please refer to Participation 101: Accessibility, available on CanChild's Participation Knowledge Hub.

A Resource from *CanChild's* Participation Knowledge Hub https://www.canchild.ca/en/research-in-practice/participation-knowledge-hub



