Child’s Name: ____________________________  Age: ________

Our goal is to provide a positive experience for your child by understanding how we can best help him or her to participate successfully in hockey. Thank you for taking the time to complete the questions below and we welcome your comments and feedback about our program.

What are your child's goals for hockey? Please choose from the list provided and/or add comments below.

- [ ] improve ability to skate
- [ ] learn to interact with team mates and coach
- [ ] try different positions
- [ ] build confidence
- [ ] learn or improve puck-handling skills
- [ ] enjoy a social & recreational activity with peers
- [ ] work on a specific skill or skills (please note): ____________________________

Additional comments:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

On a scale from 1 to 10, I would rate my child’s comfort level with hockey as:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all comfortable</td>
<td>Somewhat Comfortable</td>
<td>Extremely Comfortable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Here is a list of common issues that children may experience when participating in hockey. Please check any of the issues that you would like to discuss in advance of the first practice, so that we are able to work with you to develop a plan:

- [ ] being in the dressing room (e.g., coping with noise, routine, smells, etc.)
- [ ] handling noise from the stands
- [ ] understanding the rules
- [ ] following the rules
- [ ] listening to instructions in the dressing room/on the bench/on the ice
Participation Information for Hockey

A Form for Programs and Agencies

☐ 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 are the best ways for us to help your child to have a fun and successful hockey experience?

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Please list any medical issues or concerns you may have related to your child's participation in hockey.

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

I would like to meet with my child's coach prior to the first practice:

☐ Yes
☐ No

Best way 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