Huron County Hockey Association

Coaches Sheet

Name: _____ Phone: _____

Address _____

Age on December 31, 2010: _____ Birthdate: _____

Years of Organized League Play: _____ Where: _____

Years Skating Ice: _____ Roller Blades: _____

Years of Hockey Experience Other than Organized League Play

Ice: _____ Roller/Street: _____

Positions you have Played

Goalie Center Wing Defenseman

List in order, your position preference:

1. 2. 3. 4.

Years of Experience in Your Preferred Position: _____

If you have listed Goalie; Do you have your own equipment Yes No

List what you have: _____

Other information which you would like the league to consider when placing this player on a team:

_____

Health problems/health issues your coach should know about:

_____

Complete Section Below Only if Playing in Bantam or Midget Division

What school region do you attend: _____

Do you want to play for this region: Yes No

What team did you play for last year: _____

Do you want to play for this team this year (if playing in the same division Yes No