

unFair Advantage Questionnaire
Forward/Defense

Participant name: _____

Contact info:

Parent/Guardian name: _____

Email: _____

Phone Number: _____

1. What position/positions do you play?
2. How long have you played hockey:
3. What team(s) are you playing for:
4. Do you play other sports, if so what are they?
5. What off-ice training do you do?
6. Do you work on your mental game or preparedness?
7. Do you focus on your nutrition and/or sleep in the season or off-season?
8. What are you goals for hockey?
 - a.
 - b.
 - c.

Participant/Parent Guardian Signature: _____

Date: _____