

unFair Advantage Questionnaire  
Goaltender

Participant name: \_\_\_\_\_

Contact info:

Parent/Guardian name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. How many years have you played goalie:
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: \_\_\_\_\_