



Carstairs Bruins U9 Season Goal Sheet

Player's Name: _____

Parent(s) Name: _____

Number Player would like to wear this season Choice #1 _____ Choice #2 _____ Choice #3 _____

How many years have you been playing hockey? _____

This is my First _____ Second Year _____ in U9 (previously know as Novice)

What hand do you shoot? Right _____ Left _____

Interested in playing Goalie? YES _____ NO _____

Player's Question:

What are 3 goals I would like to achieve this season?

Parents Question:

What are 3 goals I would like to see my child achieve this season?

Is there anything that we, as coaches, need to be aware of that will help support your child this hockey season?
