

**POLY HOCKEY TOURNAMENT
Poly Hockey Registration
(please fill out for each team)**

Delegation: _____

Area: _____

Drop Down Menu

Drop Down Menu

Team Attending Area? _____

Team Attending State? _____

Team Name: _____

Total Assessment Score will automatically calculate for each athlete.

Athlete Last Name:	Athlete First Name:	Date of Birth:	Stick Handling*	Passing*	Goaltending*	Game Awareness*	Shooting*	Total	
								0	
								0	
								0	
								0	
								0	
								0	
								0	
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								0	
								0	
								0	
								0	
								Total score for all athletes	0

*Please refer to information on next page for skill levels for each assessment area.

The minimum roster size for poly hockey is 7 and the maximum is 16.

If calculation does not work, please make note on this page in "Comments" and it will be fixed.

Please Fill in # of Players --->

Average amongst all players

#DIV/0!

(will automatically be calculated)

Comments: _____

Individual Assessment for Team Play

A. Stick Handling

(one choice – should be the most representative of the athlete's skill level)

Has difficulty controlling the puck (2)

Possesses some stick handling skills but they are very limited (3)

Can handle the puck on forehand only (4)

Can handle the puck with either the forehand or backhand (5)

Has ability to easily change directions while maintaining control of the puck (6)

Has ability to beat defender but sometimes loses control of the puck (7)

Has ability to beat defender regularly while maintaining control of the puck (8)

B. Passing

(one choice – should be the most representative of the athlete's skill level)

Has difficulty completing a pass/short pass to a teammate (2)

Can sometimes make a pass to an open teammate with token pressure (3)

Can only complete a pass to a teammate after looking directly at him/her (4)

Can often complete a pass through a crowd (5)

Has ability to recognize an open teammate and complete a quick pass to that teammate (6)

Controls game with ability to complete a pass to open player when they are in good position (8)

C. Goaltending

(complete only for those who play goalie) (one choice – should be the most representative of the athlete's skill level)

Maintains a stationary position; is slow to recognize the position of the puck on the floor (2)

Knows where the puck is but doesn't position themselves to block a shot (3)

Moves toward puck, but reaction time to movement of the puck is slow (4)

Movement permits adequate goal coverage, has some trouble getting the puck out of the goal area (5)

Good goal coverage; reasonably aggressive in defending goal, usually able to clear the puck from the goal area (6)

Exceptional goal coverage; aggressively anticipates where the puck will be and gets it out of the area quickly (8)

D. Game Awareness

(one choice – should be the most representative of the athlete's skill level)

Sometimes confused on offense and defense; may shoot puck toward wrong end (2)

Can play in fixed position as instructed by coach; may go after an occasional loose puck (3)

Limited understanding of game – slow to react to play around them, primarily moves based on coach instructions (4)

Moderate understanding of the game – understands most rules and concepts, but may occasionally be confused as to role on floor (5)

Advanced understanding of the game and mastery of fundamentals (8)

E. Shooting

(one choice – should be the most representative of the athlete's skill level)

Does not exhibit control of direction of puck when shooting (2)

Occasionally direct shots toward goal, but does not exhibit a strong shot (3)

Shots are usually directed on target, but shot is still weak (4)

Athlete has a strong shot, but lacks control over direction (5)

Athlete has a strong shot and frequently gets their shot on target (6)

Athlete controls the game with the strength and accuracy of their shot (8)

Team Name: _____

1. Competition Record for Previous Three Games: Please list three games played in this competition season against another team - please submit any games played prior to area competition (we will receive area results from Area Coordinator).

Opponent*	Date	Score Ex. 2 to 4	Winner of Game Our team/Opponent	Our Team Stronger/Equal/Weaker than opponent

2. If you brought this team to state last year, is your team (please underline or bold) :
Stronger Equal Weaker New Team

3. If this team came to last year's competition, what was their name last year (i.e. Wild Angels **Silver**)?

4. Are you missing any key players? If so, please explain:

5. Any Additional Team Information about your team's ability level:

6. If your delegation is bringing more than one team to the State Poly Hockey Tournament, please rank your teams in order of their strength and indicate which division (1 - 5, 1 being strongest division) you feel they should play:

Team Name: _____

Division: _____

Team Name: _____

Division: _____

Team Name: _____

Division: _____

7. If this team competed in last year's State Poly Hockey Tournament, do you feel they were divisioned appropriately for their abilities?
(Please underline or bold) Yes No If No, should they have been higher or lower?
(Please underline or bold) Higher Lower

Information Submitted by:

Head Coach

Date