



DATE : \_\_\_\_\_

AGE GROUP : \_\_\_\_\_ BOYS / GIRLS

TEAMS : \_\_\_\_\_ VERSUS \_\_\_\_\_

TEAM	FINAL SCORE	-	TEAM
	PENALTY STROKES	-	
	EXTRA TIME	-	
	FULL TIME	-	
	HALF TIME	-	

TIME ON	No.	NAME	CARD		
			G	Y	R

TIME ON	No.	NAME	CARD		
			G	Y	R

TEAM	MINUTE	No.	ACTION	SCORE	TEAM	MINUTE	No.	ACTION	SCORE

hockey score sheet

**SEISA Game Checklist**

Observation Focus	Indicate whether the ground/venue is safe or potentially unsafe for play <b>(YES or NO)</b>	Is further testing needed to assess ground/venue as being safe for play? <b>(YES or NO)</b>	Is maintenance required before ground/venue can be rated as being safe for play <b>(YES or NO)</b>	
Grass Cover				
Surface evenness				
Ground hardness/ Shock absorbency				
Playing surface/ Grip or slip				
Physical hazards				
Change rooms & Toilets	Open and Accessible?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Clear from debris?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Weather conditions	Safe for game to commence?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>Fit/Not fit for Play Recommendation</b>	The venue/ground is currently <b>Fit for play /Not fit</b> for play (circle rating)			
<b>Signed Home Coach</b>	<b>Signed Away Coach</b>			