



County Based Squad

Talented Player Diary

Please complete this diary for one week and return to the coach

Week Beginning _____

Player Name: _____

County Squad: _____

County Squad Coaches: _____



How to Use Your Diary?

During the week

- ❖ Read over the content of the diary and make yourself familiar with all the sections.
- ❖ Read the Gaelic Football Player rating chart and answer the questions during the week.

Each day

- ❖ Every morning record your resting heart rate before getting out of bed
- ❖ List three things you really want / need to achieve that day
- ❖ Complete the daily health check

After training or games

- ❖ Complete the fill out the pre game/ training routine
- ❖ Comment on training or the game

Other Tasks

- ❖ Read how to avoid illness and underline each word that contains the letter e.
- ❖ Note when you complete your two stretching routines each day

The Gaelic Football Player Rating Chart

1. The Social Player

- ❖ Little Technical Ability
- ❖ Plays with Little Purpose
- ❖ Cannot concentrate for long periods
- ❖ Is not composed
- ❖ Doesn't read the game
- ❖ Doesn't accept responsibility
- ❖ Lacks fitness and gives up easily
- ❖ Confronts officials at every opportunity

2. The Inexperienced Player

- ❖ Fairly good technically
- ❖ Can understand some instructions from coach
- ❖ Fairly low level of concentration
- ❖ His performance affected by match conditions
- ❖ Fair level of fitness and tries for most of the game
- ❖ Holds back from taking on responsibility
- ❖ Not sure of the implications of training

3. The Development Squad Player

- ❖ Technically Competent
- ❖ Consistent player with his club team
- ❖ Performs simple jobs in games
- ❖ Learning to read the game
- ❖ Needs to develop a greater awareness of the principles of play
- ❖ Good level of fitness and conditioning
- ❖ Mentally tough in pressure situations
- ❖ Takes leadership in training and games
- ❖ Listen to the coach and shows a willingness to learn and improve.
- ❖ Adopts current lifestyle patterns to facilitate training and development

4. **The County Minor Player**

- ❖ Good technical and tactical awareness
- ❖ Good school and club performer
- ❖ Follows instructions in low pressure games and situations
- ❖ Reads the game well under pressure
- ❖ Prepares well for matches
- ❖ Very good level of fitness
- ❖ Shows the potential to improve
- ❖ Wants to extend his conditioning programme
- ❖ Does extra training on his own
- ❖ Set high personal standards in sport and lifestyle
- ❖ Has a clear focus and key goals in life and sport

5. **The Senior Player**

- ❖ High Skill and technique level
- ❖ Consistent performer in club and county
- ❖ Competes well against players with reputations
- ❖ Knows his job and carries out instructions thoroughly
- ❖ Prepares well for training and matches
- ❖ Works hard at improving specific areas of his game
- ❖ Can adjust his game to suit the game conditions
- ❖ Seeks help to improve his programme
- ❖ Consistent mental approach to the game

6. **The Future All Ireland Medal Winner and All Star**

- ❖ Consistently produce High Skill and technique level
- ❖ Outstanding performer in club and county over a long period
- ❖ Tactically aware and disciplined
- ❖ Excellent match preparation and total concentration
- ❖ Decision maker and a leader on the pitch
- ❖ Completes his job to a very high standard
- ❖ Always open to suggestions for improvement
- ❖ Undertakes self analysis following performance
- ❖ Knows that he has to practice to be better than the best
- ❖ Shows a commitment to becoming the best
- ❖ Relishes the challenge of playing against the best players

Using the Gaelic Football Rating Chart
complete the following:

What would player 2 do if he suddenly finds himself with the Keeper to beat?

How would player 4 approach taking a penalty?

What would player 1 do if someone persistently pulled his jersey and kicked at this ankle?

What would player 6 do in that situation?

What would player 4 do if two friends asked him to come out on the town before a big game?

Who do you think might be the most reckless of the players involved?

Would a 2 player have thought about the man he was marking?

Would a 3 player training twice a day on his own, three days a week become a 5 player?

Things I want to do today?

In what sort of situation would a 2 player have difficulty keeping his head?

It's the end of a bad season, it's a cold night and the coach seems disinterested:

What would player 1 do?

What would player 5 do?

If Adrian Logan asked player 3 what it takes to make in Gaelic Football what would he say?

If he asked player 6 what it takes to win an important final what would he say?

Who is your favourite Gaelic Football Player?

What special skills does he have?

What sort of temperament does he exude on the pitch?

Monday

Job 1 _____

How well did I do that job?

Job 2 _____

How well did I do that job?

Job 3 _____

How well did I do that job?

Tuesday

Job 1 _____

How well did I do that job?

Job 2 _____

How well did I do that job?

Job 3 _____

How well did I do that job?

Wednesday

Job 1 _____

How well did I do that job?

Job 2 _____

How well did I do that job?

Job 3 _____

How well did I do that job?

Thursday

Job 1 _____

How well did I do that job?

Job 2 _____

How well did I do that job?

Job 3 _____

How well did I do that job?

Friday

Job 1 _____

How well did I do that job?

Job 2 _____

How well did I do that job?

Job 3 _____

How well did I do that job?

Health and lifestyle Check

Fill this form out at the start of the day by ticking beside the answer

Monday **Time of completion** _____

Do you have a cold, cough or runny nose, headache or sore throat?

Yes No Not sure

Do you have any other type of sickness?

Yes No Not sure

Do have any muscle soreness? If yes rate this?

Extreme Very Sore Sore Ok None

Are you injured?

Yes No Not sure

How do you feel today?

Very Good Good A little off Poorly Very Sick

Is your resting heart rate elevated (more than ten beats)?

Yes No Not sure

How busy do you expect your day to be?

Yes No Not sure

What time did you go to bed last night?

Have you taken any medication?

Yes No

Do you expect to train today?

Yes No Don't know

Do you expect to train tomorrow?

Yes No Don't know

Health and lifestyle Check

Fill this form out at the start of the day by ticking beside the answer

Tuesday **Time of completion** _____

Do you have a cold, cough or runny nose, headache or sore throat?

Yes No Not sure

Do you have any other type of sickness?

Yes No Not sure

Do have any muscle soreness? If yes rate this?

Extreme Very Sore Sore Ok None

Are you injured?

Yes No Not sure

How do you feel today?

Very Good Good A little off Poorly Very Sick

Is your resting heart rate elevated (more than ten beats)?

Yes No Not sure

How busy do you expect your day to be?

Yes No Not sure

What time did you go to bed last night?

Have you taken any medication?

Yes No

Do you expect to train today?

Yes No Don't know

Do you expect to train tomorrow?

Yes No Don't know

Health and lifestyle Check

Fill this form out at the start of the day by ticking beside the answer

Wednesday **Time of completion** _____

Do you have a cold, cough or runny nose, headache or sore throat?

Yes No Not sure

Do you have any other type of sickness?

Yes No Not sure

Do have any muscle soreness? If yes rate this?

Extreme Very Sore Sore Ok None

Are you injured?

Yes No Not sure

How do you feel today?

Very Good Good A little off Poorly Very Sick

Is your resting heart rate elevated (more than ten beats)?

Yes No Not sure

How busy do you expect your day to be?

Yes No Not sure

What time did you go to bed last night?

Have you taken any medication?

Yes No

Do you expect to train today?

Yes No Don't know

Do you expect to train tomorrow?

Yes No Don't know

Health and lifestyle Check

Fill this form out at the start of the day by ticking beside the answer

Thursday **Time of completion** _____

Do you have a cold, cough or runny nose, headache or sore throat?

Yes No Not sure

Do you have any other type of sickness?

Yes No Not sure

Do have any muscle soreness? If yes rate this?

Extreme Very Sore Sore Ok None

Are you injured?

Yes No Not sure

How do you feel today?

Very Good Good A little off Poorly Very Sick

Is your resting heart rate elevated (more than ten beats)?

Yes No Not sure

How busy do you expect your day to be?

Yes No Not sure

What time did you go to bed last night?

Have you taken any medication?

Yes No

Do you expect to train today?

Yes No Don't know

Do you expect to train tomorrow?

Yes No Don't know

Health and lifestyle Check

Fill this form out at the start of the day by ticking beside the answer

Friday **Time of completion** _____

Do you have a cold, cough or runny nose, headache or sore throat?

Yes No Not sure

Do you have any other type of sickness?

Yes No Not sure

Do have any muscle soreness? If yes rate this?

Extreme Very Sore Sore Ok None

Are you injured?

Yes No Not sure

How do you feel today?

Very Good Good A little off Poorly Very Sick

Is your resting heart rate elevated (more than ten beats)?

Yes No Not sure

How busy do you expect your day to be?

Yes No Not sure

What time did you go to bed last night?

Have you taken any medication?

Yes No

Do you expect to train today?

Yes No Don't know

Do you expect to train tomorrow?

Yes No Don't know

Health and lifestyle Check

Fill this form out at the start of the day by ticking beside the answer

Saturday **Time of completion** _____

Do you have a cold, cough or runny nose, headache or sore throat?

Yes No Not sure

Do you have any other type of sickness?

Yes No Not sure

Do have any muscle soreness? If yes rate this?

Extreme Very Sore Sore Ok None

Are you injured?

Yes No Not sure

How do you feel today?

Very Good Good A little off Poorly Very Sick

Is your resting heart rate elevated (more than ten beats)?

Yes No Not sure

How busy do you expect your day to be?

Yes No Not sure

What time did you go to bed last night?

Have you taken any medication?

Yes No

Do you expect to train today?

Yes No Don't know

Do you expect to train tomorrow?

Yes No Don't know

Health and lifestyle Check

Fill this form out at the start of the day by ticking beside the answer

Sunday **Time of completion** _____

Do you have a cold, cough or runny nose, headache or sore throat?

Yes No Not sure

Do you have any other type of sickness?

Yes No Not sure

Do have any muscle soreness? If yes rate this?

Extreme Very Sore Sore Ok None

Are you injured?

Yes No Not sure

How do you feel today?

Very Good Good A little off Poorly Very Sick

Is your resting heart rate elevated (more than ten beats)?

Yes No Not sure

How busy do you expect your day to be?

Yes No Not sure

What time did you go to bed last night?

Have you taken any medication?

Yes No

Do you expect to train today?

Yes No Don't know

Do you expect to train tomorrow?

Yes No Don't know

Pre Game Routine?

- How much sleep do you try to get before a game?
- How do you guarantee you get this amount?
- How do you like to feel on the morning of the game?
- Do you like the mood to change during the day?
- What do you eat the morning of the game?
- Do you have any routines the day of the game?
- Do you relax before the game? How and for how long?
- Do you drive or are you driven to a game?
- How do you cope with the people around the game?
 - Your family?
 - Your friends?
 - Your coach?
 - Your team mates?
 - The officials?
 - The opposition?
 - The fans? The media?
- Where do you stretch before a game?
- Do you have a pre set routine in the changing room?
- What do you do when you get on the field?

Monitoring Your Life Style

Resting Heart Rate: Before getting out of bed, check your pulse (to see if you are alive) and then count it for fifteen seconds and multiply by four. Record this in the appropriate day

How are you feeling in the morning AM: Record how you are feeling when you get out of bed and enter in the appropriate box:

Feeling poorly Average Good Very Good
 1 2 3 4 5 6 7 8 9/10

How are you feeling in the evening before going to bed: Record how you are feeling when you get out of bed and enter in the appropriate box:

Feeling poorly Average Good Very Good
 1 2 3 4 5 6 7 8 9/10

Focus	Mon	Tue	Wed	Thur	Fri	Sat	Sun
RHR							
Feeling AM							
Feeling PPM							
Medical Symptoms							
Main Problems Today							

Training Load

Please enter when you train and with whom

	7.00 – 9.00	9.0 – 1.00	1.00-4.00	4.00 – 7.00	7.00 - 10
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					

Comments