



CALIFORNIA YOUTH SOCCER ASSOCIATION REFEREE'S SEND-OFF REPORT

Game Number: _____ Game Date: _____ Field: _____ City: _____

Name of League or Tournament or Cup: _____ Game Time: _____

Home Team: _____ Visiting Team: _____

Name of Individual: _____ Team: _____

Age Group: _____ Registration # _____ Jersey # _____ Time of Foul: _____

Individual Sent Off Was: Player Registered Team Official

REASON FOR PLAYER SEND OFF:

- POSSIBLE CONCUSSION (Player's pass and report to be forwarded by Referee per CalNorth concussion policy)
- SERIOUS FOUL PLAY (4:05:02 A-1, 1 game minimum or 4:05:02 A-2, 2 game minimum)
- DENIED OBVIOUS GOAL-SCORING OPPORTUNITY BY DELIBERATELY HANDLING BALL OR BY INTENTIONALLY IMPEDING OPPONENT (Section 4:05:02 A-1, 1 game minimum)
- DENIED OBVIOUS GOAL-SCORING OPPORTUNITY TO OPPONENT MOVING TOWARDS GOAL BY OFFENSE PUNISHABLE WITH FREE KICK OR PENALTY KICK (Section 4:05:02 A-2, 2 game minimum)
- VIOLENT CONDUCT (Section 4:05:02 D, 2 game minimum)
- SPIT AT OPPONENT OR ANY OTHER PERSON (Section 4:05:02 D, 2 game minimum)
- OFFENSIVE, INSULTING OR ABUSIVE LANGUAGE (Section 4:05:02 B, 1 game minimum if uttered in frustration but not directed at a person; 2 game minimum if directed toward any person)

SPECIFY THE LANGUAGE OR GESTURE: _____

DIRECTED AT:

OPPONENT

TEAMMATE

SELF

REFEREE

COACH

OTHER: _____

- RECEIVED SECOND CAUTION IN SAME GAME (Section 4:05:02 C, 1 game minimum)

REASON FOR REGISTERED TEAM OFFICIAL DISMISSAL (REFEREE MUST SPECIFY THE IRRESPONSIBLE BEHAVIOR)

- IRRESPONSIBLE BEHAVIOR IN THE TECHNICAL AREA (team officials who are dismissed will have 2 games over and above a player's suspension added to their penalty)

REFEREE'S EXPLANATION FOR SENDOFF/DISMISSAL (Detail the specific reason(s) for issuing the sendoff/dismissal):

(use back for more space)

Referee: _____ Phone: _____ E-Mail: _____

AR 1: _____ Phone: _____ E-Mail: _____

AR 2: _____ Phone: _____ E-Mail: _____

DISCIPLINARY COMMITTEE ACTION

Number of Games Suspended: _____ Number of Games Served: _____ on _____
(indicate date & time of games served)

Send Off Report sent to: _____ on _____ Pass returned to: _____ on _____
(name) (date) (who pass sent or given to) (date)

Official Assessing Penalty

Position

Date

