

# New Jersey State Interscholastic Athletic Association

1161 Route 130 North, P.O. Box 487

Robbinsville, New Jersey 08691

## Disqualification Form/Termination of Game

*Please Print or Type*

*All information must be supplied.*

RE: NJSIAA Rules & Regulations, Rule 2  
Specific Sport Regulations, Note 4

Sport \_\_\_\_\_ Level: \_\_\_\_\_ Frosh \_\_\_\_\_ Date of Event \_\_\_\_\_  
\_\_\_\_\_ JV \_\_\_\_\_ Ejection \_\_\_\_\_  
Men's \_\_\_\_\_ Women's \_\_\_\_\_ \_\_\_\_\_ Varsity \_\_\_\_\_ Termination \_\_\_\_\_

Home School \_\_\_\_\_ Opponent \_\_\_\_\_

Conference \_\_\_\_\_

### Official(s) Assigned (please print)

### Phone Numbers

	Home	Work
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Player/Coach Disqualified \_\_\_\_\_

(name and number)

School \_\_\_\_\_

Reason for Ejection: Unsportsmanlike flagrant misconduct - Physical ( )  
\*Verbal ( )

\*Check all that apply: ( ) Profanity ( ) Racial ( ) Gender ( ) Ethnic ( ) Disability ( ) Sexual Orientation ( ) Religious affiliation

Reason for Termination:

Description: (Use reverse side if necessary)

Signature of Official Who Declared Disqualification/Termination \_\_\_\_\_

Date Filed \_\_\_\_\_

This form must be used for all sports.

Referee/Umpire/Official **must** file this report within **three (3) days** of disqualification/termination to:

1. Offending School Principal (s)
2. Chapter Secretary
3. NJSIAA – PO Box 487 Robbinsville, NJ 08691

**REMINDER:** The school athletic director must be notified by the official in person or by phone no later than noon of the next day following the disqualification.

**THIS FORM MAY BE FAXED TO THE NJSIAA @ 609-259-3047**

**IF FAXED PLEASE DO NOT FOLLOW WITH HARD COPY**