



# 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

