



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

