CALIFORNIA YOUTH SOCCER ASSOCIATION
REFEREE’S SEND-OFF REPORT

Game Date: ______________________ Field: __________________________ City: ____________________

Name of League or Tournament: ________________________ Game Time: __________________

Home Team: ______________________ Visiting Team: ______________________

Name of Individual: ______________________ Team: ______________________

Age Group: __________ Registration # __________ Jersey # ______ Time of Foul: ________

Individual Sent Off Was:                  Player   Coach            (Section 4:08:06, 2 additional games for coach)

REASON FOR SEND OFF:

☐ SERIOUS FOUL PLAY (Section 4:08:02, 2 game minimum)

☐ VIOLENT CONDUCT (Section 4:08:02 D, 2 game minimum)

☐ SPIT AT OPPONENT OR ANY OTHER PERSON (Section 4:08:02 D, 2 game minimum)

☐ DENIED OBVIOUS GOAL-SCORING OPPORTUNITY TO OPPONENT MOVING TOWARDS GOAL BY OFFENSE
PUNISHABLE WITH FREE KICK OR PENALTY KICK (Section 4:08:02 B, 2 game minimum)

☐ DENIED OBVIOUS GOAL-SCORING OPPORTUNITY BY DELIBERATELY HANDLING BALL (Section 4:08:02 A, 1
game minimum)

☐ OFFENSIVE, INSULTING OR ABUSIVE LANGUAGE (Section 4:08:02 B, 1 game minimum if uttered in frustration
but not directed at a person; 2 game minimum if directed toward any person)

SPECIFIC LANGUAGE OR GESTURE:_____________________________________________

DIRECTED AT:   ○ OPPONENT     ○ TEAMMATE     ○ SELF
                □ REFEREE     □ COACH     □ OTHER:___________________

☐ RECEIVED SECOND CAUTION IN SAME GAME (Section 4:08:02 C, 1 game minimum)

REFEREE’S EXPLANATION OF SITUATION:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

(use back for more space)

Referee: ___________________________ Phone: ___________ E-Mail: ______________________

AR 1: ___________________________ Phone: ___________ E-Mail: ______________________

AR 2: ___________________________ Phone: ___________ E-Mail: ______________________

DISCIPLINARY COMMITTEE ACTION

Section 4:08:06 requires that coaches and assistant coaches sent off shall have two games added to the suspension that would be levied against a player.

Number of Games Suspended: _______ Number of Games Served: _______ on _______________________

(indicate date & time of games served)

Send Off Report sent to: ______________________ on ___________ Pass returned to: ______________________

(name)   (date)   (who pass sent or given to)   (date)

Official Assessing Penalty ______________________ Position ______________________ Date ______________________