



# 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:

- 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 / DIMISSAL (Detail the specific reason(s) for issuing the sendoff/dismissal):

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(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 \_\_\_\_\_

