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 (4:08:02 A-1, 1 game minimum or 4:08:02 A-2, 2 game minimum)**

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

☐ **DENIED OBVIOUS GOAL-SCORING OPPORTUNITY TO OPPONENT MOVINGTOWARDS GOAL BY OFFENSE PUNISHABLE WITH FREE KICK OR PENALTY KICK (Section 4:08:02 B, 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)**

☐ **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)**

ENTER EXPLANATION ON BACK PAGE

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:** _____ **on** _____
(name) (date) (who pass sent or given to) (date)

_____ _____ _____
Official Assessing Penalty **Position** **Date**

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EXPLANATION CONTINUED: