

Clermont Central Soccer Association Game Ejection Reporting Form

This report must be turned in to the Director of Referees, the day of the incident.

PLEASE PRINT LEGIBLY

INCIDENT: Date: _____ Place: _____

(circle one) Coach Spectator Player

(circle one) before during after game

Individual Name(s): _____ District: _____

Referee Name(s): _____ District: _____

Division: BOYS GIRLS Age Level: U6 U7 U8 U9 U10 U11 U12 U13/14

REASON FOR EJECTION: (check appropriate boxes)

- Unsportsmanlike conduct
- Foul Language
- Abusive Language
- Showing descent toward Referee
- Threatening actions toward another person
- Entering field without permission of the Referee
- Aggressive physical or vocal contact with another person
- Striking another person (intentionally)
- Refusing to leave playing field after an ejection
- Constant and excessive verbal harassment of Referees or Players
- An offense requiring a second caution
- Other _____

FILED BY: _____ Date: _____

District Representative or Referee Coordinator

ACTION TAKEN BY DISTRICT: _____

ACTION TAKEN BY LEAGUE: _____

Remarks: