Print Form

THE ONTARIO SOCCER ASSOCIATION

Referee Report - Dismissal Form

This form must be used by a referee for each dismissal issued. This form must be submitted to the appropriate authority within 48 hours of the game or earlier if stipulated by the rules of the competition. In any case involving physical contact with a game official, the Referee Assault Report Form must be used.

PLEASE PRINT

GAME DETAILS

GAME NUMBER: _____

GAME: (Home Team) _____ VS. (Away Team) _____

LEAGUE/COMPETITION: _____ AGE GROUP: _____ DIVISION: _____

DISTRICT ASSOCIATION (If Applicable): _____

PLAYED AT: _____ (Field Name and City/Town) DATE: _____ (DD/MM/YR)

PLAYER DETAILS

PLAYER'S NAME: _____ OSA REGISTRANT NUMBER: |_|_|_|_|_|_|_|

JERSEY NO.: _____ TEAM NAME: _____ TEAM REGISTRATION NUMBER: T - _ _ - _ _

INCIDENT DETAILS

PLAYER DISMISSED FOR:

- ☐ Used offensive or insulting or abusive language and/or gestures
- ☐ Serious Foul Play
- ☐ Spitting at an opponent or any other person
- ☐ Violent Conduct
- ☐ Received a second caution in the same game (also provide description of first caution)
- ☐ Denied the opposing team a goal or an obvious goal-scoring opportunity by deliberately handling the ball
- ☐ Denied an obvious goal-scoring opportunity to an opponent moving towards the player's goal by an offence punishable by a free kick or penalty kick

Check this box ☐ if the misconduct was directed at a game official.

The incident described below occurred after _____ minutes of play in the _____ half.

DESCRIPTION OF INCIDENT: Please use back of form to provide the description of incident.

REFEREE DETAILS

Referee:

Print your Name _____ Signature of Referee _____

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OSA Registrant Number

_____ Date

2003

DESCRIPTION OF INCIDENT (Continued)