



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

PLAYER DETAILS

PLAYER'S NAME: _____ O.S.A. REGISTRANT NUMBER: | | | | | | | |

JERSEY NO.: _____ TEAM NAME: _____ TEAM REGISTRATION NUMBER: | | | - | | | | | | - | | |

INCIDENT DETAILS

PLAYER DISMISSED FOR:

- | | |
|---|--|
| <input type="checkbox"/> Uses Offensive, Insulting or Abusive Language and/or Gestures | <input type="checkbox"/> Serious Foul Play |
| <input type="checkbox"/> Spits at an opponent or any other person | <input type="checkbox"/> Violent Conduct |
| <input type="checkbox"/> Receives a Second Caution in the same game | |
| <input type="checkbox"/> Denies an opponent a goal or an obvious goal-scoring opportunity by deliberately handling the ball | |
| <input type="checkbox"/> Denies 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 the back of form to provide the description of incident.

REFEREE DETAILS

Referee: _____
Print your name

Signature of Referee

| | | | | | | |
O.S.A. Registrant Number

Date

