

Manitoba Soccer Association Inc.



DISMISSAL REPORT

Send the report to the Discipline Committee within 48 hours of the match by e-mail and forward the report and ID card by mail.

Competition: _____ Division: _____

Location: _____ Date: _____ Time: _____

Home Team: _____ Away Team: _____

Final Score: _____

Name: _____ Team: _____ Player's #: _____

Time of Dismissal: _____ Score at time of Dismissal: _____

When dismissed, the individual was a (mark one):	Player: <input type="checkbox"/>	Substitute: <input type="checkbox"/>	Team Official: <input type="checkbox"/>
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Was dismissed for (mark one):

<input type="checkbox"/>	1. Serious Foul Play (Including the use of excessive or brute force)
<input type="checkbox"/>	2. Violent Conduct (including elbowing, punching, kicking, etc.)
<input type="checkbox"/>	3. Biting or Spitting at someone.
<input type="checkbox"/>	4. Denying the opposing team a goal or an obvious goal- scoring opportunity by a handball offence (except a goalkeeper within their own penalty area).
<input type="checkbox"/>	5. Denying an obvious goal scoring opportunity to an opponent moving towards the player's goal by an offence punishable by a free kick.
<input type="checkbox"/>	6. Receiving a second caution (yellow card) in the same match
<input type="checkbox"/>	7. Using offensive, insulting or abusive language and/or gestures
<input type="checkbox"/>	8. Team Official: Failing to conduct themselves in a responsible manner

If #7 has been marked, please indicate at whom the offensive, insulting or abusive language and/or gestures were directed. Leave blank if not directed at any one individual.

Opponent: <input type="checkbox"/>	Team Official: <input type="checkbox"/>	Spectator: <input type="checkbox"/>	Match Official: <input type="checkbox"/>	Other: <input type="checkbox"/>
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If other, please indicate towards whom the language/gestures were directed. _____

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DESCRIPTION REQUIRED: Please provide a brief account of the incident below or attach a separate report.

Did the individual leave the field of play immediately? (yes/no): _____
Did further misconduct occur? (yes/no): _____ If yes, please provide a brief description of events.

Name of Referee: _____ **Date:** _____

Signature: _____ **MSA #:** _____

TO BE COMPLETED BY LEAGUE OR MSA REPRESENTATIVE ONLY:

Suspension for:		matches, which includes the one automatic match.	
Representative Signature:		Date:	

Has the report been forwarded to MSA Discipline Committee for action? (yes/no): _____