

Western State Conference Ejection Report Form

Date _____

College _____ Athletic Director _____

Date of Ejection _____ Sport _____

Home College _____ Visiting College _____

Name of ejected participant: _____ College _____

The ejection was for:

- | | |
|---|--|
| <input type="checkbox"/> Verbal or abusive behavior | <input type="checkbox"/> Exceed yellow card count of 5 (soccer only) |
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Receives two yellow cards in one game (Soccer only) |
| <input type="checkbox"/> Attacking official | <input type="checkbox"/> Denies goal scoring opportunity by handling ball (Soccer only) |
| <input type="checkbox"/> Leaving bench area | <input type="checkbox"/> Denies goal scoring opportunity by fouling opponent (Soccer only) |
| <input type="checkbox"/> Tobacco/substance abuse | |

Frequency

- First offense – participant suspended for the next contest.
Date _____ Opposing College _____
- Second offense – participant suspended from all remaining contests.
- First Soccer Non COA Red Card Offense – Suspended from next contest
Date _____ Opposing College _____
- Second Soccer Non COA Red Card offense – suspended for next contest
Date _____ Opposing College _____
- Third Soccer Red Card Offence – suspended from all remaining contests

Description of the incident(s) that led to the ejection:

Describe any further action your college will take regarding this incident:

*Use one form per athlete. Additional pages may be submitted for descriptions. This report must be **mailed or faxed within 24 hours** of the incident.*

Copies must be sent to:

1. Athletic Director(s) of involved colleges.
2. Athletic Director of next competing college if participant has been suspended for next game.
3. Conference Commissioner