

**CONFERENCE OF INDEPENDENT SCHOOLS ATHLETIC ASSOCIATION
DISQUALIFICATION REPORT**

1. The **OFFICIAL** of the disqualified competitor **must** complete this form immediately following the contest.
2. The **Coach** is required to have copies of the Disqualification Report forms available at all games.
3. The **Coach of the disqualified competitor** is required to forward the original report to the Convenor and copies to the respective Athletic Directors.
4. The **Coach of the disqualified competitor** is required to notify both the sport convenor and the respective Athletic Directors by telephone within 24 hours of the incident.

SPORT: _____ COMPETING TEAMS: _____ at _____ DATE: _____

Name of the disqualified player or Coach: _____ Number: _____ School: _____

OFFICIALS: This report will be your voice at any Discipline proceedings which may determine possible sanctions for the disqualified competitor. Therefore, you are asked to **be specific and include details** describing exactly what happened to cause the disqualification. The following information will help the committee arrive at a fair decision:

PLEASE PRINT CLEARLY:

a) Score at the time of the incident _____ b) Time left in the game: _____

c) Describe the general tone of the game: _____

d) Behaviour of Disqualified Competitor: If the disqualification was the result of behaviour in several areas, please check all that apply and indicate area(s) that immediately caused the disqualification.

- | | | | | | |
|---|--------------------------|------------------------------|--------------------------|----------------------|--------------------------|
| Disrespect to Official | <input type="checkbox"/> | Questioning Officials' calls | <input type="checkbox"/> | Aggressive play | <input type="checkbox"/> |
| Abusive language | <input type="checkbox"/> | Repeated disregard for rules | <input type="checkbox"/> | Abusive behaviour | <input type="checkbox"/> |
| Discriminatory slurs | <input type="checkbox"/> | Trash talking | <input type="checkbox"/> | Attempting to injure | <input type="checkbox"/> |
| Threatening a player or official | <input type="checkbox"/> | Deliberately Injuring | <input type="checkbox"/> | Fighting | <input type="checkbox"/> |
| Repeated behaviour beyond acceptable limits | <input type="checkbox"/> | | | | |

e) Were any warnings given? _____

f) Elaborate with specific details regarding the incident resulting in the disqualification:

OFFICIAL'S NAME (PLEASE PRINT)

Telephone Number

Official's Signature

OFFICIAL'S NAME (PLEASE PRINT)

Telephone Number

Official's Signature

Note: Signatures of both officials are required

Use back of form, if necessary→

See CISAA Constitution for further information on Discipline Proceedings re ejections.