Ontario Youth Soccer League

455 Cochrane Drive, Unit 22, Markham, ON L3R 9R3
Tel:905-470-5870 Fax:905-477-9799 Toll Free:1-866-265-4625

Age Group: _____ Game #: _____ Date: _____

Kick-Off Time: _____ Location: _____ Start Time: _____

PLEASE CHECK ONE BOX ONLY

☐ **HOME TEAM:** _____ ☐ **AWAY TEAM:** _____

HOME TEAM ☐ **FINAL SCORE** ☐ **AWAY TEAM**

NO.	PLAYER'S FULL NAME LAST NAME FIRST NAME	OSA# REGISTRANT NUMBER	GUEST OR TRIAL PLAYER	SCORER	EJECTION	CAUTION

Team Officials listed below are deemed to have read and agree to abide by the rules of the OYSL.

COACH: _____ **SIGNATURE** _____

ASSISTANT COACH: _____ **SIGNATURE** _____

MANAGER _____ **SIGNATURE** _____

_____ **SIGNATURE** _____

ONLY THESE TEAMS OFFICIALS CAN SIT ON TEAM'S BENCH

TO REFEREE:

1. Attach all misconduct reports
2. Game and Misconduct reports are sent to the OYSL within twenty-four hours of the conclusion of the game.
3. MAIL TO: OYSL OFFICE, 455 COCHRANE DR., UNIT 22 MARKHAM, ONTARIO L3R 9R3

REFEREE: _____

LINE 1: _____

LINE 2: _____

FACILITY CONDITIONS

Were the field conditions and playing surface satisfactory? (eg., potholes, broken glass, protruding sprinkler heads, etc.)
☐ YES ☐ NO _____

Were the goal posts satisfactory? (eg., secure, sharp edges) ☐ YES ☐ NO _____

Were the corner flags satisfactory? (eg., proper height, safe) ☐ YES ☐ NO _____

Were the team benches safe? (eg., adequate distance from field) ☐ YES ☐ NO _____

Were the fields markings satisfactory? ☐ YES ☐ NO _____

Other comments about conditions: _____

DISTIBUTION: ORIGINAL COPY TO REFEREE COPY TO HOME TEAM COPY TO AWAY TEAM