

**ROCKINGHAM COUNTY SCHOOLS**  
Ejection Report

Sport \_\_\_\_\_ Middle School Boys  Girls

INSTRUCTIONS : This form is to be completed by the Athletic Coordinator reporting the ejection of a player or coach. This form must be submitted within 48 hours or 2 working days following the completion of the game.

\_\_\_\_\_ VS \_\_\_\_\_  
(TEAM) (TEAM)

AT \_\_\_\_\_  
(SITE)

Date of Game \_\_\_\_\_ Time of Game \_\_\_\_\_

Official Reporting Ejection \_\_\_\_\_

Name of Person Ejected \_\_\_\_\_

Indicated: (check appropriate box)  Player  Coach

Give the name of school of person ejected \_\_\_\_\_

If applicable, number of ejected player \_\_\_\_\_

Reason for ejection: (check appropriate box)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fighting   | <input type="checkbox"/> Taunting or Baiting | <input type="checkbox"/> Profanity       |
| <input type="checkbox"/> Obscene Gestures                                     | <input type="checkbox"/> Biting              | <input type="checkbox"/> 10 Yellow Cards |
| <input type="checkbox"/> Disrespectfully addressing or contacting an official |  |  |

Explanation/Comment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature – Athletic Coordinator

Please Fill Out Entire Form