

ALMADEN RED CARD SIGN OFF SHEET

When completed, mail this checklist to: **Red Card Coordinator**, 6116 Castello Drive, San Jose, CA 95120

SIGN OFF SHEET MUST BE RETURNED WITHIN 1 WEEK FOLLOWING SATISFACTION OF THE SUSPENSION.

Incident Date: _____

Player Name: _____ CYSA ID# _____

Team Name: _____ Age Group: _____

You must return this form completed with referee’s signature for the number of league or Tournament game(s) from which you were suspended.

For **players**, “suspended” requires you to (1) wear street clothes (i.e. do NOT wear your uniform), (2) attend the game as a spectator (i.e. NOT play), and (3) present this checklist to the referee for their signature.

For **coaches, assistant coaches , or managers**, “suspended” means that the teams loses the benefits of your services during the suspension period, including any active participation in (1) weekly practices, (2) pre-game warm-ups, or (3) pre-game, half-time, or post-game strategy/evaluation sessions. You may NOT sign the games cards prior to games. You may not check your team in at tournaments. If you are a **parent**, you are permitted to observe your child in the role of spectator. To avoid any mistaken observations, it is recommended that suspended players and coaches bring a chair and remain quietly seated at all times during the games WITH the spectators. **Suspensions may not be served in friendly games and scrimmages.**

Date of Game	Opponent	League/ Tournament	Print Name of Referee	Referee Signature

Use blank paper to record additional games served.

(For League use Only) Date Received: _____ Pass returned to : _____ Date pass returned: _____
