



SSSAD Ejection Report

(to be completed by head official)

Activity: _____ Date: _____

Game: _____ vs _____

Name of Person Ejected: _____

School: _____

Reason for Ejection: _____

Statement of Incident

- Outline the events that occurred during contest which resulted in player/coach ejection.
- Outline the procedure used by official during contest.

Signature of Head Official

Date

- A **player** or **coach** who is ejected from a SSSAD or SHSAA sanctioned competition (exhibition, league, tournament, playoff) shall be automatically suspended for one game. That game shall be the next scheduled game.
- **ALL** ejections are to be reported by phone to the Sport Commissioner and Athletic Consultant (office 683-8249 / cell 270 7193) immediately following the game.

Completed Ejection form to be faxed to:

- Athletic Consultant FAX: 657 3964
- School coach of ejected person
- High School Official Liaison