



## Incident Report

### Boyertown Soccer Club

<b>Date of Incident:</b>	<b>Date of Report:</b>
<b>Time of Incident:</b>	<b>Team:</b>
<b>Person Completing Report:</b>	<b>Head Coach Name:</b>
<b>Player Name:</b>	<b>Parent/Spectator Name:</b>

#### Parent or Spectator Notification

**The following document is to notify the Boyertown Soccer Club that a violation or infraction of discipline has occurred by the head coach, assistant coach, player, parent, guardian or spectator.**

**Please contact the Boyertown Soccer Club to request additional information in regards to the incident or as to the corrective action taken.**

CODE OF CONDUCT INFRACTION	ACTION TAKEN BY COACH/OFFICIAL	RECOMMENDATION
<input type="checkbox"/> Disruptive in practice or game <input type="checkbox"/> Disrespectful to referees/opponents <input type="checkbox"/> Disrespectful to coaches <input type="checkbox"/> Disrespectful to parents <input type="checkbox"/> Verbal fight with other players <input type="checkbox"/> Verbal fight with other coaches <input type="checkbox"/> Verbal fight with other parents/spectators <input type="checkbox"/> Physical fight with other players <input type="checkbox"/> Physical fight with other coaches <input type="checkbox"/> Physical fight with other parents/spectators <input type="checkbox"/> Damage to BSC or opponents property <input type="checkbox"/> Other	<input type="checkbox"/> Verbal Correction <input type="checkbox"/> Mediation between players <input type="checkbox"/> Mediation between parents/spectators <input type="checkbox"/> Benched <input type="checkbox"/> Loss of Game Privileges <input type="checkbox"/> Loss of Practice Privileges <input type="checkbox"/> Verbal communication with player/parent <input type="checkbox"/> Notified player/parent/spectator of filed Incident <input type="checkbox"/> Report <input type="checkbox"/> Other	<input type="checkbox"/> File Report <input type="checkbox"/> Coach Conference <input type="checkbox"/> Player Conference <input type="checkbox"/> Parent/spectator Conference <input type="checkbox"/> Immediate loss of game privilege <input type="checkbox"/> Loss of multiple game privilege <input type="checkbox"/> Loss of practice privilege <input type="checkbox"/> Removal from sideline <input type="checkbox"/> Permanent removal from sideline <input type="checkbox"/> Removal from team <input type="checkbox"/> Permanent removal from sideline <input type="checkbox"/> Removal from Club for remainder of season <input type="checkbox"/> Permanent removal from Club <input type="checkbox"/> Other
<b>OTHER CONCERNS</b>	<b>Follow-up Action Taken</b>	<b>LAW ENFORCEMENT</b>
<input type="checkbox"/> Negative attitude <input type="checkbox"/> Abusive towards others	<input type="checkbox"/> Verbal discussion with player <input type="checkbox"/> Verbal discussion with coach <input type="checkbox"/> Verbal discussion with parent <input type="checkbox"/> Verbal discussion with spectator <input type="checkbox"/> Other	Police Summoned: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If Yes: Report # _____  Officers Name: _____  Badge # _____



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## Boyertown Soccer Club

Coach Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Players/Parents Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coach Signature: \_\_\_\_\_ Parent/Spectator Signature: \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BSC Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Boyertown Soccer Club**

**ADMINISTRATIVE ACTION:** \_\_\_\_\_

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**BSC Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_