

SENDING OFF OFFENCES	
A1	Is guilty of foul play
A2	Is guilty of violent conduct
A3	Spits at an opponent or other person
A4	Denies a goal or a goal-scoring opportunity
A5	Uses offensive, insulting or abusive language
A6	Receives second caution

CAUTIONABLE OFFENCES	
B1	Is guilty of unsporting behaviour
B2	Dissents by word or action
B3	Persistently infringes the Laws of the Game
B4	Delays restart of play
B5	Enters or leaves the field of play without permission

Technical Area

No	Name	Designation
1		
2		
3		
4		
5		
6		

FINAL SCORE (Home Team Score : Away Team Score)	:
---	---

Signature of Referee _____

SFA Reg No _____

Signature of Club Official _____

N.B: No more than three trialists are allowed to participate in any **competitive match**. Each trialist is allowed to participate in a maximum of three **competitive** matches for any club (provided she is eligible to do so). Each team to provide **two** copies of team lines prior to match i.e. **one** copy for the opponent, and **one** for the Referee. Completed team lines (hard copy/electronic) for both teams, each signed by a club official and the referee, must be sent, by the referee to SWF@scottish-football.com within **3 days of the match**. Any additional reports of misconduct etc. may also be emailed to SWF.

FRIENDLY



SWF Youth Regional Friendly MATCH CONTROL FORM

	Team Coach		Referee	
	Yes	No	Yes	No
1. Is the playing surface of a suitable standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the playing area enclosed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there suitable provision to make the playing area enclosed (e.g. roped off area)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the technical areas for coaches clearly defined? (markers or cones)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did parents/spectators occupy the opposite touchline from that of the coaches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the changing facilities of an acceptable standard and include suitable shower and toilet facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were two first grade quality footballs provided by the home team for the match	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environment/Behaviour	Please circle 1=lowest, 5=highest			
8. Did Opposition coaches/parents/spectators/players behave in a positive manner?	Team Coach 1 2 3 4 5			
9. Did the opposition;	1 2 3 4 5			
Play to the Rules	1 2 3 4 5			
Respect your team	1 2 3 4 5			
Respect the Referee	1 2 3 4 5			
Respect their team-mates	1 2 3 4 5			
Total:				
Team Comments:				
THIS SECTION TO BE COMPLETED BY THE MATCH REFEREE ONLY				
1. Did the match result in a score differential of 9 goals or more?	Yes <input type="checkbox"/>			No <input type="checkbox"/>
2. If the response to Question 8 is yes, please indicate in favour of which team?	Home			Away
3. Did the players/coaches/parents/spectators behave in a positive manner? (If response is No please enter details below)	Yes <input type="checkbox"/>			No <input type="checkbox"/>
Referee Comments:				
Signed: _____				

The referee must complete and submit, along with the team line, to SWF@scottish-football.com

FRIENDLY