



## MA SQUASH CODE OF CONDUCT REPORT

**To be completed and received by the appropriate MA Squash League Chairman within two weeks (14 days) of the incident.**

The purpose of this report is to quickly establish any problems with players' behavior both on and off court so that should any disciplinary action be necessary, it can be implemented with as little delay as possible.

As you will see the Report has two sections (a) On-Court Offenses (b) Off-court Offenses. With the On-Court offenses, the section is to be completed by the Match Referee.

EVENT:

DATE:

MATCH REFEREE:

### SECTION A. On-Court Offenses

**CODE REFERENCE (as per WSF Rules)**

**PLAYER ON-SITE OFFENSES**

- |                                 |                                  |
|---------------------------------|----------------------------------|
| A. AUDIBLE OBSCENITY            | B. LEAVING COURT                 |
| C. FAILURE TO COMPLETE MATCH    | D. VISIBLE OBSCENITY             |
| E. UNSPORTING CONDUCT           | G. ABUSE OF RACQUET OR EQUIPMENT |
| H. ABUSE OF BALL                | I. VERBAL ABUSE                  |
| K. PHYSICAL ABUSE               | L. DISSENT TO REFEREE            |
| M. ABUSIVE SUPPORTING SPECTATOR |                                  |

<b>Player Involved:</b>	<b>Opponent:</b>
<b>Date of Incident:</b>	<b>Tournament Round/League Division:</b>
<b>Match Referee: Referee Grade:</b>	<b>Match Marker:</b>

Penalty:

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Code:

Match and Game Score:

Description of violation:

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General comments:

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Witnesses (if any) - Name, phone number, contact info and/or e-mail address(es) REQUIRED

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SIGNED:

Match Referee: .....

Event Referee: .....

DATE:

**(Please remember, this form should be faxed or emailed in .doc format to the MA Squash League Chairman within two weeks of the incident).**

## **SECTION B. Off-court Offenses**

Should any incident occur which you consider has been prejudicial to the event, please detail below. Most importantly, please give names of witness(es) and if possible, attach written statement(s) of such witness/s.

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SIGNED:

Event Director: .....

DATE: .....