



DISCIPLINARY ACTION AND RISK MANAGEMENT REPORT FORM

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This form is to be used whenever submitting additions or deletions to the National Office Disciplinary Action Report. **If this form is not used, changes to the Report may be delayed.**

STATE ASSOCIATION _____ DATE OF SUBMISSION _____

Additions:

Name	DOB (required)	Last 4 digits of SSN/member #	Activity	Discipline Imposed	From	To

Deletions:

Name	DOB (required)	Last 4 digits of SSN/member #	Activity	Discipline Imposed	From	To

Corrections and Changes:

Name	DOB (required)	Last 4 digits of SSN/member #	Activity	Discipline Imposed	From	To

The Disciplinary Action Report will be generated on the 12th of each month. Please submit your changes by the last business day of each month to be included in next month's Disciplinary Action Report. If necessary, please use multiple copies of this form.

Note: This form is available for download at www.usyouthsoccer.org.