

LEAFS



AFS

HOCKEY CLUB

**LEAFS HOCKEY CLUB
ZERO TOLERANCE REPORT**

TEAM: _____

DATE: _____

ON ICE INCIDENT: PLAYER NAME _____

PLAYER# _____

COACH NAME (IF INVOLVED) _____

REFEREE NAME (FROM SCORESHEET) _____

WAS GAME STOPPED? YES NO

WAS A PENELTY ASSESSED? YES NO

IF YES, TYPE: _____

**OFF ICE INCIDENT: PERSON/PEOPLE
INVOLVED** _____

WITNESSED BY: _____

(PLEASE INCLUDE PHONE# IF POSSIBLE)

WERE POLICE CALLED? YES NO

IF YES, WAS A REPORT FILED? YES NO

BRIEF DESCRIPTION OF INCIDENT: _____