

# MMYFC DISCIPLINE FORM

DATE: \_\_\_\_\_

AGE GROUP: \_\_\_\_\_

DIVISION: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

PLAYERS NAME: \_\_\_\_\_

GAME DATE: \_\_\_\_\_



REASON PLAYER WILL NOT BE ALLOWED TO PLAY IN GAME:

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THE AFOREMENTIONED HAS BEEN DISCUSSED WITH PLAYER & PARENT(S)/GUARDIAN(S). I AM APPLYING THIS SAME STANDARD TO ALL OF MY PLAYERS.

\_\_\_\_\_  
Coaches Name Printed

\_\_\_\_\_  
Coaches Signature

\_\_\_\_\_  
Date

PARENTS COMMENTS:

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\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Parents may contact the league at [mmilani@howardcountymd.gov](mailto:mmilani@howardcountymd.gov)

\_\_\_\_\_  
Program Director Name Printed

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

If parent(s)/guardian refuse to sign document, program director must make note in parent comment section and sign next to comment.

Copy of this document is to be given to opposing team coach at weigh-in  
Copy must also be FAX'd to 410-313-4646 with your team's mandatory play sheets