

**Associated Grammar Schools of Victoria
&
Associated Public Schools of Victoria**

GIRLS FOOTBALL RESULTS

TO: TEACHERS-IN-CHARGE, FOOTBALL

It is the responsibility of the Home team to complete the following form and return it to the APS Sport Office on the **MONDAY** following the game.

PLEASE INCLUDE the best players and goal kickers from the OPPOSITION TEAM.

AGSV/APS FIRSTS FOOTBALL RESULTS: Round: _____ Date Played: _____

_____
defeated
_____

HOME TEAM: _____

Best Players: _____

Goal Kickers: _____

OPPOSITION: _____

Best Players: _____

Goal Kickers: _____

**REMINDER: Scores should be phoned (or SMS) to Luke Soulos on 0417 512 174
no later than 4.00 pm ON THE DAY OF THE MATCH.**

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AGSV/APS FOOTBALL - UMPIRE'S REPORT

MATCH BETWEEN _____ **and** _____

at _____ **Date:** _____

This form is to be given to the Umpire by the Coach or Delegate, along with a stamped envelope, addressed to:
Luke Soulos, Executive Officer, APS Sport, 15 / 13-25 Church Street, Hawthorn Vic 3122
and should be returned as soon as possible after the match.

Please circle relevant comment and add further comment if needed.

	Home Team		Visiting Team	
1. Punctual	Yes	No	Yes	No
2. Time wasting on field	Yes	No	Yes	No
3. Complaining about umpiring decisions	Yes	No	Yes	No
4. Bad language	Yes	No	Yes	No
5. Excessive talking	Yes	No	Yes	No
6. Unnecessary antics	Yes	No	Yes	No
7. Rough play	Yes	No	Yes	No
8. Intimidating tactics	Yes	No	Yes	No
9. General behaviour of team	Good/Fair/Poor		Good/Fair/Poor	
10. General comment on how match was played	Good/Fair/Poor		Good/Fair/Poor	

11. If any player was sent off or warned, please give details:

12. Other comments:

Name of Umpire: _____ **Signature:** _____

Name of Umpire: _____ **Signature:** _____

AGSV/APS FOOTBALL - COACH'S REPORT ON UMPIRES

Name of Umpires: _____ **Date:** _____

Match: _____ **vs** _____ **at** _____

Name of Coach: _____ **School:** _____

NOTE: Any rating of **Poor** should be accompanied by some details in the comments section of the report.

All details must be completed including the names of the officiating umpires and the name of the person completing the report.

All information in this report will remain in confidence with the APS Executive Officer and Umpiring Coordinator with any feedback to umpires to be in a summarised format without any references to specific feedback from any school.

(tick appropriate column)
GOOD FAIR POOR

A. GENERAL

- | | | | |
|--|-------|-------|-------|
| 1. Punctuality (Arrival time if late) | _____ | _____ | _____ |
| 2. Did the umpires visit the rooms? | _____ | _____ | _____ |
| 3. Use of whistle, signals, effective bounce of ball, etc. | _____ | _____ | _____ |
| 4. Ability to keep up | _____ | _____ | _____ |
| 5. Positioning | _____ | _____ | _____ |
| 6. Fitness & Presentation | _____ | _____ | _____ |

B. CONTROL

- | | | | |
|-----------------------------|-------|-------|-------|
| 1. Attitude to players | _____ | _____ | _____ |
| 2. Use of penalties | _____ | _____ | _____ |
| 3. Encroaching over mark | _____ | _____ | _____ |
| 4. Scrimmages - ball ups | _____ | _____ | _____ |
| 5. Use of the send-off rule | _____ | _____ | _____ |
| 6. General control | _____ | _____ | _____ |

C. INTERPRETATIONS

- | | | | |
|-------------------------------|-------|-------|-------|
| 1. Holding man/ball | _____ | _____ | _____ |
| 2. Interference | _____ | _____ | _____ |
| 3. Tackling | _____ | _____ | _____ |
| 4. Handball | _____ | _____ | _____ |
| 5. Running with the ball | _____ | _____ | _____ |
| 6. Kicking for goal over mark | _____ | _____ | _____ |
| 7. Application of APS rules | _____ | _____ | _____ |
| 8. Consistency | _____ | _____ | _____ |

D. Overall Rating (5 - exceeds expectations to 1 - below expectations) 5 4 3 2 1

E. COMMENTS (especially concerning any send-off incident)

This report is to be returned to the APS Sport Office during the weekend of the game.