

Please write in BLOCK CAPITALS

SEE REPORT ON BACK
 YOB U17 is 20_____

 COMP. _____ VENUe _____
 DATE _____ GAME NO. _____
 PLAYING TIME _____ MATCH INDEX NO. _____



TEAM: _____

WHITE CAPS		TIMEOUTS:		1	2
NO	SURNAME	FIRST NAME	U17	P/FOULS	
1			<input type="checkbox"/>		
2			<input type="checkbox"/>		
3			<input type="checkbox"/>		
4			<input type="checkbox"/>		
5			<input type="checkbox"/>		
6			<input type="checkbox"/>		
7			<input type="checkbox"/>		
8			<input type="checkbox"/>		
9			<input type="checkbox"/>		
10			<input type="checkbox"/>		
11			<input type="checkbox"/>		
12			<input type="checkbox"/>		
13			<input type="checkbox"/>		
14			<input type="checkbox"/>		
15			<input type="checkbox"/>		

HC		YEL	RED
AC		RED	
TM		RED	

Above team list correct
Signed (team captain): _____

Ireland Water Polo: Match Record Sheet									
Time	No	B/W	Code	Score	Time	No	B/W	Code	Score

NAME	SIGNATURE
REF	
REF	
SEC	
TIME	
TIME	
DEL	

TEAM: _____

BLUE CAPS		TIMEOUTS:		1	2
NO	SURNAME	FIRST NAME	U17	P/FOULS	
1			<input type="checkbox"/>		
2			<input type="checkbox"/>		
3			<input type="checkbox"/>		
4			<input type="checkbox"/>		
5			<input type="checkbox"/>		
6			<input type="checkbox"/>		
7			<input type="checkbox"/>		
8			<input type="checkbox"/>		
9			<input type="checkbox"/>		
10			<input type="checkbox"/>		
11			<input type="checkbox"/>		
12			<input type="checkbox"/>		
13			<input type="checkbox"/>		
14			<input type="checkbox"/>		
15			<input type="checkbox"/>		

HC		YEL	RED
AC		RED	
TM		RED	

Above team list correct
Signed (team captain): _____

ABBREVIATIONS

G: Goal **P:** Penalty **XP:** Exclusion Penalty **RED:** Red Card **X:** Excl 20 Sec
XM: Excl w Sub(Misconduct) **YEL:** Yellow Card **XT:** Tech Excl w Sub **XB:** Brutality Excl 4 mins
TO: Timeout **HC:** Head Coach **AC:** Coach **TM:** Team Manager

Leave 'SCORE' blank except for recording goals scored

FINAL SCORE:

White	
Blue	

DISCIPLINARY INCIDENT

Name	Cap No.	XM	<input type="checkbox"/> (please tick)
Club		XB	<input type="checkbox"/> (please tick)
Match Time		Red Card	<input type="checkbox"/> (please tick)
Incident Details:			

INJURY REPORT

Name	Cap No.		
Club			
Incident Details:			

DISCIPLINARY INCIDENT

Name	Cap No.	XM	<input type="checkbox"/> (please tick)
Club		XB	<input type="checkbox"/> (please tick)
Match Time		Red Card	<input type="checkbox"/> (please tick)
Incident Details:			

INJURY REPORT

Name	Cap No.		
Club			
Incident Details:			

DISCIPLINARY INCIDENT

Name	Cap No.	XM	<input type="checkbox"/> (please tick)
Club		XB	<input type="checkbox"/> (please tick)
Match Time		Red Card	<input type="checkbox"/> (please tick)
Incident Details:			

MISCELLANEOUS REPORT

Name	Cap No.		
Club			
Incident Details:			