

10. APPENDIX B – OHF SCREENING DECLARATION FORM

OHF SCREENING DECLARATION FORM

Print Name: _____ Date of Birth: _____
Month/Day/Year

Telephone Number: _____ Email Address: _____

Hockey Canada Registry number: _____

Member: _____ Association/Clinic Location: _____

Failure to execute this process will be in violation of the OHF Screening Policy, this will mean that the individual will be considered to be not in good standing and may be subject to further discipline.

I, _____, hereby declare that:
Print Name

- I have no convictions for offenses under the Criminal Code of Canada as specified in the OHF Screening Policy up to and including the date of this declaration for which a pardon has not been issued or granted under the Criminal Records Act (Canada).
- I have no convictions for offenses in any other country up to and including the date of this declaration for which a pardon has not been issued or granted.
- I am not currently under suspensions from a sports organization under Section 2.5 of the OHF Screening Policy.

OR

- I have the following convictions for offenses under the Criminal Code of Canada as specified in the OHF Screening Policy for which a pardon under the Criminal Records Act (Canada) has not been issued or granted:
- I have the following convictions for offenses in another country up to and including the date of this declaration for which a pardon has not been issued or granted.
- I am currently under suspension from a sports organization under Section 2.5 of the OHF Screening Policy.

Supplementary Information, Including Outstanding Charges, Warrants, Orders and Suspensions.

DATE	LOCATION	CHARGE	DISPOSITION

Any questions can be directed to the OHF Office. I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action under OHF Regulation, E.8 or E.9, in the event that the above facts are found to be falsified.

Signature of Applicant: _____ Date: _____