

ONTARIO HOCKEY FEDERATION

400 Sheldon Drive, Unit 9, Cambridge, Ontario N1T 2H9 T: 226 533.9070 F: 519 620.7476 www.ohf.on.ca



CRIMINAL OFFENCE DECLARATION

All sections with (*) are a mandatory field

*Pri	nt Name:			_	
*Da	te of Birth:				
*Month/Day/Year *Hockey Canada ID:					
" I e	lepnone number:				
*Em	nail Address:			_	
*Re	feree number:			_	
Member:		Clinic Location		_	
Fail be r	ure to execute this process wont in good standing and may	vill be in violation of the OHF Screet be subject to further discipline.	ening Policy, this will mean that th	e official will be considered to	
*I,, hereby declare that:					
	(Print Name)				
	I have no convictions for offences 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 offences in any other country, up to and including the date of this declaration for which a pardon has not been issued or granted.				
	I have no investigations or charges with any criminal matters.				
OR					
	I have the following convictions for offences 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 offences in another country for which a pardon has not been issued or granted:				
Supplementary Information, Including Outstanding Charges, Warrants and Order.					
	DATE	LOCATION	CHARGE	DISPOSITION	
*Qia	inature.		Date:		
Plea	ase complete and submit in a	sealed envelope with your name	printed on the front, and bring to t	he clinic that you are attending	

or if completing an on-line clinic forward directly to the OHF office, either fax 519-620-7476 or mail:

Ontario Hockey Federation Attention: Criminal Record Check Inspector 400 Sheldon Drive, Unit 9 Cambridge, Ontario N1T 2H9

OHF Members













