



CALEDON MINOR HOCKEY ASSOCIATION

PO Box 147, Stn Caledon East, ON L7C 3L8

Tel: 905.584.7825 Fax: 905.584.4316

www.caledonminorhockey.ca

TEAM NAME: _____

TEAM DIVISION: _____

Offence Declaration Please complete the following 2 sections:

Section 1

I DECLARE:

___ Since the last Police Record Check submitted to this Association, **OR**
I have not previously submitted a Police Record Check to this Association

___ I have **no** convictions under the *Criminal Code of Canada* 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)*

OR

___ I have been convicted of the following criminal offences under the *Criminal Code of Canada* for which a pardon under Section 4.1 of the *Criminal Records Act (Canada)* has **not** been issued or granted to me.

List of Offences

1. a) Date: _____

b) Court Location: _____

c) Conviction: _____

2. a) Date: _____

b) Court Location: _____

c) Conviction: _____

(Use additional page(s) if necessary)

Section 2

DATED at _____ this _____ day of _____, 20____
(city) (day) (month) (year)

Volunteer Signature: _____

PRINT NAME: _____

The Caledon Minor Hockey Association is committed to providing limited, restricted, and secured access to this information. Due to the highly confidential nature of the information contained on this form and to assist us in our effort to maintain your privacy, we request you do not disclose or provide this form or any information related to this form, to any individual other than the Risk Manager of your league.

Submission of this declaration does not override the Police Record Check requirements.