



# ONTARIO HOCKEY FEDERATION

400 Sheldon Drive, Unit 9, Cambridge, Ontario N1T 2H9

T: 226 533.9070 F: 519 620.7476

www.ohf.on.ca

Proud Branch Of



## CRIMINAL OFFENCE DECLARATION

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month/Day/Year

Hockey Canada ID: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Referee number: \_\_\_\_\_

Member: \_\_\_\_\_ Clinic Location \_\_\_\_\_

Failure to execute this process will be in violation of the OHF Screening Policy, this will mean that the official 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 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.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and submit in a sealed envelope with your name printed on the front, and bring to the 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

