



ONTARIO HOCKEY ASSOCIATION

1600 Industrial Road, Unit A1
Cambridge, Ontario N3H 4W5
519-622-2402 ohahockey.ca



2024-25 OHA Screening Declaration Form

Print Name: _____

Date of Birth: _____
Month/Day/Year

Hockey Canada Registry (HCR) Number: _____

Telephone number: _____

Email Address: _____

Member: _____ Association/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.
- I have no investigations or charges with any criminal matters.
- I am not currently under suspensions from a sport organization under Section 2.5 of the OHF Screening Policy

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:
- I am currently under suspension from a sports organization under Section 2.5 of the OHF Screening Policy.

Supplementary Information, Including Outstanding Charges, Warrants and Order.

DATE	LOCATION	CHARGE	DISPOSITION

Signature: _____

Date: _____

OHF Members

