



BASEBALL ALBERTA

11759 Groat Road
Edmonton, Alberta
T5M 3K6

Phone: (780) 427-8943
Fax: (780) 427-9032
www.baseballalberta.com

APPENDIX

REGISTRATION AND SCREENING FORM

Please attach any additional pages to this form as necessary to provide complete information.

APPLICANT INFORMATION:

Last Name:	First Name:
Middle Name:	Other Names Used:
Street:	City:
Province:	Postal Code:
Date of Birth:	Email Address:
Association/Club:	Team (Age Category/Level):

APPLICANT DECLARATION:

1. **Have you ever been convicted of a crime or subject to a peace bond? Yes___ No___** If yes, please describe below for each conviction. Note: you may be required to provide a copy of the conviction / peace bond.

Name or Type of Offense: _____

Name and Jurisdiction of Court/Tribunal: _____

Year Convicted: _____

Penalty or Punishment Imposed: _____

Further Explanation:

2. **Are criminal charges or any other sanctions, including those from a sport body, tribunal or government agency, currently pending or threatened against you? Yes___ No___**
If yes, please explain for each pending charge:

Name or Type of Offense/Charge: _____

Name and Jurisdiction of proceeding: _____

Further Explanation:



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3. Have you ever been disciplined or sanctioned by a an international sporting body, a National sporting body either within or outside of outside of Canada, by a Provincial or Territorial Sport organization, or by any other body that governs sport ? Yes ____ No ____
If yes, please describe below. Note: You may be required to provide a copy.

Name of applicable Organization: _____

Date of Discipline or Sanction: _____

Reason for Discipline or Sanction: _____

APPLICANT CERTIFICATION:

I hereby certify that the information contained in this application is accurate, correct, truly and completely represented. By completing and submitting this application I agree to abide by Baseball Alberta's Bylaws and Policies and to be governed by Baseball Alberta's Code of Conduct and Disciplinary Procedures.

I further certify that I will immediately inform Baseball Alberta of any changes in circumstances that would alter my original responses to the Registration and Screening Disclosure Form. Failure to do so may result in my disqualification from participation to participate in Baseball Alberta events.

SIGNATURE _____

DATE _____

PLEASE RETURN COMPLETED FORM TO BASEBALL ALBERTA (scan and email) TO:
registrar@baseballalberta.com

- **Privacy Statement:** By completing and submitting this Registration and Screening Disclosure Form, the individual consents and authorizes Baseball Alberta to collect, use and disclose his or her personal information, including all information provided in the Registration and Screening Disclosure Form, to any other organizations in Canada involved in the governance of the sport.

By signing below I acknowledge I have read and I consent to the Privacy statement. I certify that all information I have provided as part of this Registration and Screening Form is accurate and complete.

SIGNATURE _____

DATE _____