



Declaration of Conflict of Interest (Real or Potential)

Name: _____
(please print)

LC Position/Role: _____
(please print)

(See LC Conflict of Interest Policy – Operations Manual s.59 and 3.7 for details)

I declare that, to the best of my knowledge, I am fulfilling my obligation to advise LC, under the Conflict of Interest Policy, by stating that I have no circumstances - real or perceived, that place me in a Conflict of Interest position with my position/role with Lacrosse Canada; or

I declare that, to the best of my knowledge, the circumstances described below, depending on circumstances, may place me in a Conflict of Interest position with my position/role with Lacrosse Canada, however by truthfully providing the below information and obtaining approval to continue, I am fulfilling my obligation to advise LC of any real or perceived potential conflict of interest situations.

Please describe/list all your current situation(s) or potential Conflict of Interest. Include any lacrosse positions/roles/affiliations/companies, either (LC, MA or non-LC/MA sanctioned); company names and numbers; or name of company/associations you may be affiliated with below and the type of work being performed (use a separate sheet if required.)

By signing below I acknowledge that I have read, understand and agree to abide by Lacrosse Canada's Conflict of Interest Policy and that the information contained in this declaration is true and correct to the best of my knowledge. I also understand that to knowingly fail to disclose any potential real or perceived conflict situation that I may be subject to disciplinary action as determined by LC.

I also agree to notify Lacrosse Canada immediately should my circumstances change or any situation/action arise that may be perceived as a potential conflict of interest prior to my next declaration.

Signed by:

Date: YYYY-MM-DD