



DECLARATION FORM

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:
Street:	City:	Province:
Postal Code:	D.O.B.:	Email:

ļ	Association/L'lub:	leam (A	ge l	Lateg	orv/	'Level)): _
	1			J	· /	/	/ —

APPLICANT DECLARATION:

Have you ever been covicted of a crime or subject to a peace bond? Yes O No O
If yes, please describe below for each conviction. Note: You may be required to provide a copy of the coviction/peace bond.

Name or Type of Offense:	
Name & 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 your pending charge:

Name or Type of Offense: ______

Name & Jurisdiction of Court/Tribunal: _____

Year Convicted: _____

Penalty or Punishment Imposed: ______

Further Explanation:

Baseball Alberta Screening Policy - March 30th, 2019





Have you every been disciplined or sanctioned by an international sporting body, a National sporting body either within or 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: _____

Further Explanation:

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 immediatley inform Baseball Alberta of any changes in circumstances that would alter my original responses to the Registration and Screening Discolsure Form. Failure to do so may result in my disqualification from participation to participate in Baseball Alberta events.

PLEASE RETURN COMPLETED FORM TO YOUR HOME ASSOCIATION.

SIGNATURE: _____

• 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.

Baseball Alberta Screening Policy - March 30th, 2019



DATE: _____