

DECLARATION FORM

APPENDIX

REGISTRATION & 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: _____

Association/Club: _____ Team (Age Category/Level): _____

APPLICANT DECLARATION:

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 & Jurisdiction of Court/Tribunal: _____

Year Convicted: _____

Penalty or Punishment Imposed: _____

Further Explanation: _____

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: _____

Have you ever been disciplined or sanctioned by an international sporting body, a National sporting body either within or outside 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 immediately inform Baseball Alberta of any changes in circumstances that would alter my original response to the Registration and Screening Disclosure Form. Failure to do so may result in my disqualification from participating in Baseball Alberta events.

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN COMPLETED FORM TO YOUR HOME ASSOCIATION

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 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:** _____