



ONTARIO WOMEN'S HOCKEY ASSOCIATION
 225 Watline Ave., Mississauga, Ontario L4Z 1P3
 www.owha.on.ca



OWHA CRIMINAL OFFENCE DECLARATION FORM

Print Name: _____

Date of Birth: _____
Month/Day/Year

Hockey Canada ID#: _____

Phone #: _____

Address: _____

OWHA Referee #: _____

Member: _____
OWHA/OMHA/GTHL/Alliance etc.

Clinic Location: _____
Name of City, or if taken ONLINE

Clinic Date: _____
(dd/mm/yy)

Failure to execute this process will be in violation of the OWHA Screening Policy, this will mean that the official will be considered not in good standing and may be subject to further discipline.

Please ensure that you check all the boxes below that apply.

I, _____, hereby declare that:
(Print Name)

- I have no convictions for offenses under the Criminal Code of Canada as specified in the OWHA 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 offenses in any other country, up to and including the date of this declaration for which a pardon has not been issued or granted.

OR

- I have the following convictions for offences under the Criminal Code of Canada as specified in the OWHA Screening Policy for which a pardon under the Criminal Records Act (Canada) has not been issued or granted:
- I have the following convictions for offenses in another country up to and including the date of this declaration for which a pardon has not been issued or granted.

Supplementary Information, Including Outstanding Charges, Warrants or Orders.

DATE	LOCATION	CHARGE	DISPOSITION

Signature of Applicant: _____

Date: _____

Please complete and submit this document along with your OWHA Registration Forms to the OWHA via clinics@owha.on.ca

NOTE: This form will NOT be accepted, and your registration will NOT be processed if it has not been signed and dated.