



SOUTH MUSKOKA MINOR HOCKEY ASSOCIATION
BOARD OF DIRECTORS
169B JAMES STREET
BRACEBRIDGE, ONTARIO
P1L 2A8

OFFENCE DECLARATION FORM FOR THE 2019-2020 SEASON

Name: _____

Date of Birth: _____

Position Held: _____

I DECLARE that **since** my most recent Vulnerable Sector Screening criminal background check (VSS) provided to South Muskoka Minor Hockey during the _____ season that:

- ☐ I have **not** been convicted of any criminal offences under the *Criminal Code of Canada*.

OR

- ☐ I have been convicted of the following criminal offences under the *Criminal Code of Canada* for which a pardon under Section 4.1 of the *Criminal Code of Canada Records Act of Canada* has **not** been issued or granted to me.
List of Offences:

1. Date of Offence: _____

Conviction: _____

2. Date of Offence: _____


Conviction: _____

FURTHER, for as long as I am associated with South Muskoka Minor Hockey Association, I agree to notify the SMMHA Vice-President/ Privacy Officer within 1 business day of any criminal charges which are laid against me.

DATED at _____ this _____ day of _____, 2020

☐ I am a non- parent

☐ I am a parent of _____



Signature