



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

OFFENCE DECLARATION FORM FOR THE 2022-23

Name: _____

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: _____

FURTHERMORE, 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.

By signing below, I acknowledge that this declaration is only valid for the 2022-23 season with South Muskoka Minor Hockey, should I continue to volunteer in any capacity with South Muskoka Minor Hockey, I will provide a valid Vulnerable Sector screening check (every 3 years) or valid signed declaration.

DATED at _____ this _____ day of _____, _____
(LOCATION) (DATE) (MONTH) (YEAR)

Signature

Inquiries: Shannon Zedic, Vice President/Privacy Officer

Office Use Only: Received on _____ Recorded by _____