

Orillia Minor Hockey Association

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CRIMINAL OFFENCE DECLARATION

Name:	
Address:	Telephone #:
Date of Birth:	
Orillia MHA Team:	
I,(Print Name)	, hereby declare that:
OMHA Police Record Check Po	es under the Criminal Code of Canada as outlined in the blicy, up to and including the date of this declaration for ed or granted under the Criminal Records Act (Canada).
	OR
in the OMHA police Record Chec Act (Canada) has not been used or	
I have not had a name change in the	he past five years.
Signature:	
Date:	
Inquiries: Contact Cathy O'Connor, On	rillia Minor Hockey Office 705-326-6642.
Witness Signature:	