



Port Hope Minor Hockey

Beaver Athletic Association Inc

P.O. Box 243, Port Hope, Ontario, L1A 3W4, Tel/Fax: 905-885-4727

Name:	Birth Date:
Team / Executive:	Position:

I DECLARE, since the last Criminal Background Check collected by the Beaver Athletic Association (BAA), Port Hope Minor Hockey, or since the last Criminal Background Check given by me to the BAA, or since the last Offence Declaration given by me to the BAA, that:

I have **no** convictions under the *Criminal Code of Canada* 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)*.

This Declaration was dated at Port Hope this _____ day of _____, 20____.

Signature: _____

Rec'd on behalf of the BAA, Port Hope Minor Hockey by:

Name	Title	Date
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BAA Use only Last Police Check Date: _____