

**Ontario Lacrosse Association Offense Declaration Form**

1 Concorde Gate ● Suite 200-C, Box 51 ● Toronto, Ontario ● M3C 3N6

416-426-7071 ● privacy@ontariolacrosse.com

I declare, since the last Criminal Record Check provided to my local association Privacy Officer of the Ontario Lacrosse Association, or since the last offense declaration form provided to my local association Privacy Officer of the Ontario Lacrosse Association, that:

|  |  |
| --- | --- |
| [ ]  | I have **no charges** under the Criminal Code of Canada or an international equivalent organization up to and including the date of this declaration for which a pardon has not been issued or granted under the Criminal Records Act or its international equivalent organization. |
|  |  |
| [ ]  | I have **no convictions** under the Criminal Code of Canada or an international equivalent organization up to and including the date of this declaration for which a pardon has not been issued or granted under the Criminal Records Act or its international equivalent organization. |
|  |  |
| [ ]  | I have **no pardons related to sexual offenses** up to and including the date of this declaration. |
|  |  |
| [ ]  | I have not been the subject of any criminal investigation or allegation, any child welfare investigation or allegation, nor have I had any charges brought against me, even if the charges are pending. |
|  |  |
| [ ]  | I understand that, should there be charges or convictions, or should I become the subject of a criminal investigation or allegation at any point during my membership, that I am responsible to notify my association’s privacy officer of the situation in writing at the earliest opportunity. |

Please check the appropriate line:

|  |  |
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| [ ]  | There have been no occurrences as described above since my last Criminal Record Check submission or offense declaration form. |
| -or- |  |
| [ ]  | Any occurrences as described above have been disclosed at the time of the occurrence along with supporting documentation as required by my local association Privacy Officer. |

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| Name: | Click or tap here to enter text. |
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| Position/Role: | Click or tap here to enter text. |
|  |  |
| OLA Club / League: | Click or tap here to enter text. |
|  |  |
| Date: | Click or tap to enter a date. |
|  |  |
| Signature: |  |