



NW Calgary Ringette Society Screening Disclosure Form

This form is required for the coach application process. Please submit to Screening Coordinator at:
policechecks@nwringette.com (Please print)

FULL LEGAL NAME: _____
First Middle Last

OTHER NAMES YOU HAVE USED: _____

CURRENT PERMANENT ADDRESS:

Street City Province Postal

DATE OF BIRTH: _____
Month/Day/Year

- 1. Have you ever been convicted of a criminal conviction or been sanctioned by an independent body (sport body, private tribunal, government agency, etc.) for which a pardon has not been granted? Note: Failure to disclose a conviction/sanction for which a pardon has not been granted may be considered an intentional omission and subject to failure of screening requirements as required by NW Calgary Ringette Society's Screening Policy.**

Yes _____ No _____ If yes, please describe below:

Name or Type of Offense: _____

Name and Jurisdiction of Court/Tribunal: _____

Year Convicted: _____

Age When Convicted: _____

Penalty or Punishment Imposed: _____

Further Explanation: _____

For more than one conviction please attach additional page(s) as necessary.



APPENDIX C – NW CALGARY RINGETTE SOCIETY SCREENING DISCLOSURE FORM

2. Are criminal charges or any other charges, including those from a sport body, private tribunal or government agency, currently pending or threatened against you? Yes _____ No _____
If yes, please explain for each pending charge:

Name or Type of Offense: _____

Name and Jurisdiction of Court/Tribunal: _____

Age When You Allegedly Committed the Crime: _____

Further Explanation: _____

3. Have you ever been called before a ringette governing body (NW Calgary Ringette Association, other association, Ringette Calgary, Ringette Alberta, Ringette Canada or any ringette league) for a disciplinary hearing as a result of your actions? Yes _____ No _____

Governing Body: _____

Type of Offense: _____

Date of Hearing: _____

Discipline Assessed: _____

Further Explanation: _____

Certification: I Certify that the answers on this Screening Disclosure Form are truthful, accurate and complete.

Name (Please Print): _____

Signature: _____ Date: _____