



Alliance Youth Hockey Association

Billeting Handbook & Contract

Billeting

One of the many important components that make up a successful hockey association are the billets (host families). These people open their homes to the young athletes, giving them a stable and secure home away from home. There are many long lasting friendships that develop between players and their billets.

Athletes from out of town that choose to play for the Alliance Youth Hockey Association, stay in billets' homes during the school year, which runs from August through May. During the day the player is usually occupied with school. In the evening, the player is involved with hockey, doing homework, or just enjoying some quiet time alone or with the billet family.

Expectations of the players when billeted:

- **Respect the billet and their generosity.**
- It is not a right to live at a billet's home, it is a privilege.
- Your billet's belongings should always be treated with utmost care.
- Be pleasant, courteous and helpful at all times.
- Supply and use a long distance calling card.
- Long distance calls should be charged to your home, not the billets.
- Supply your own personal hygiene products (E.g. Toothpaste, shampoo, deodorant, razors, vitamins, etc.)
- Respect and adhere to the rules of the house.
- Players are to stay at their own billet's home each night (Unless the Coach- General Manager grants permission).
- Notify your billets in advance if you will not be home for meals.
- Inform your billet of practice or game changes (E.g. Time or location).
- Players must let billets know where they are going and when they are returning (E.g. In case of a family emergency).



- Players are not permitted to leave the city without permission from the Head Coach.
- Phone calls should be limited to 10-15 minutes.
- Your room is your responsibility. Keep it clean! (E.g. Make your bed, put clothes away, no food or dishes left in your room).

Expectations of the *billets* when hosting a player:

- Provide a clean, family atmosphere to the player.
- Provide three nutritious meals and snacks to the player.
- Coaching staff will check on the players regularly. Both players and billets co-operation is expected by the association.
- Respect the player. They will be experiencing all kinds of different emotions while getting adjusted to being away from home and moving into yours. The player needs their own “space” however; they also require reinforcement, trust and encouragement from their billets. The rule of thumb is to provide the same kind of care and attention that you would extend to a member of your own family.
- If the player is under 18, you will be expected to sign a legal affidavit. The document states the player’s date and place of birth and the timeframe the player will be residing at your home. You will be requested to assume temporary custody of the player during their time with you to ensure they receive guidance, education and the necessities of life. The player and his/her parents also sign a legal document outlining the same information and giving permission for the billet to have custody of the player for a specific time. This document does not make the billet liable for any damages, claims, lawsuits or liabilities the player may incur during their stay with you. When the player leaves your home at the end of the hockey season, the contract is automatically terminated.
- Maximum payment of two hundred and fifty dollars (\$250.00) per month per billet will be paid monthly while the player is billeting. Monthly schedules of team events will be enclosed with the billet’s check.
- The Head Coach will maintain regular communication with each billet and player to ensure a professional and enjoyable relationship has been established.
- During the course of the season, should any concerns develop with a player or billet, please contact the Head Coach as soon as possible. Little problems could become big issues if not discussed early.



Acceptance

By signing below, each party acknowledges that they have read this entire document, and agree to abide by the conditions and requirements as stated herein.

Player Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Billet Signature: _____ **Date:** _____

Alliance Signature: _____ **Date:** _____



Alliance Youth Hockey Association

Billet / Host Information Form

Host Information:

Husband's Name: _____

Address: _____

City/State/Zip: _____ Home Phone: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____ (Email is for Alliance Correspondence Only)

Wife's Name: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____ (Email is for Alliance Correspondence Only)

Billet Information:

Have you ever been a billet before? Yes ____ No ____

Team: _____ Season: _____

Player Billeted: _____ Phone: _____

Was it a positive experience? Yes ____ No ____

If no, what were the issues? _____

Will the player have his or her own room? Yes ____ No ____

Where is the bedroom located? _____

Will the player have his or her own washroom? Yes ____ No ____

Would you prefer to have a player **with/without** a car? With ____ Without ____

If the player does bring his or her own vehicle, do you have adequate driveway parking for the whole season? Yes ____ No ____

Do you have pets? Yes ____ No ____

If yes, what types and quantities? _____

Is your home smoke-free? Yes ____ No ____



Do you have any children? Yes ____ No ____

1. Name: _____ Male ____ Female ____ Age: _____
School Attending: _____ Grade: _____
Involved in activities? (E.g. Hockey, figure skating) _____

How does this child feel about having a billet? _____

2. Name: _____ Male ____ Female ____ Age: _____
School Attending: _____ Grade: _____
Involved in activities? (E.g. Hockey, figure skating) _____

How does this child feel about having a billet? _____

3. Name: _____ Male ____ Female ____ Age: _____
School Attending: _____ Grade: _____
Involved in activities? (E.g. Hockey, figure skating) _____

How does this child feel about having a billet? _____

4. Name: _____ Male ____ Female ____ Age: _____
School Attending: _____ Grade: _____
Involved in activities? (E.g. Hockey, figure skating) _____

How does this child feel about having a billet? _____

Will you and your family attend any of the player's games? Yes ____ No ____

If yes, how many? _____

Why do you want to billet for the Alliance Youth Hockey Association?



Alliance Youth Hockey Association

Billeted Player Information Form

Player Information:

Name (as it appears on Birth Certificate): _____

Date of Birth: _____ Position: Forward Defense Goalie

Address: _____

City/State/Zip: _____ Home Phone: _____

Email Address: _____ (Email is for Alliance Correspondence Only)

Parent Information:

Father's Name: _____

Address*: _____

City/State/Zip*: _____ Home Phone: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____ (Email is for Alliance Correspondence Only)

* Fill in if Different from Player's Information

Mother's Name: _____

Address*: _____

City / State / Zip*: _____ Home Phone: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____ (Email is for Alliance Correspondence Only)

* Fill in if Different from Player's Information

Medical Information:

Insurance Carrier: _____ Policy/Group#: _____

Person to call in case of an emergency (DFW Area): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____



Are you on any medication? Yes ____ No ____

If yes, please explain: _____

Do you have any food allergies? Yes ____ No ____

If yes, please explain: _____

Are you allergic to pets? Yes ____ No ____

If yes, please explain: _____

Do you have any other allergies? Yes ____ No ____

If yes, please explain: _____

Do you prefer to stay in a smoke-free house? Yes ____ No ____ Doesn't Matter ____

Do you have any relatives living in the Dallas area? Yes ____ No ____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Will you be attending school? Yes ____ No ____ Grade _____

If you are not attending school, will you be working? Yes ____ No ____

If yes, Employer: _____ Phone: _____

Will you be bringing your own vehicle for the whole season? Yes ____ No ____

What are your favorite foods? (Snacks, meals, drinks)

What is your favorite pre-game meal?



What foods do you dislike?

Do you have any hobbies? (E.g. music, watching movies)

Will you be bringing any entertainment / educational items with you? (E.g. stereo, computer)

Have you ever been billeted before? Yes ___ No ___

Team: _____ City, State: _____ Season: _____

Person Billeted with: _____ Phone: _____

Was it a positive experience? Yes ___ No ___

If no, what were the issues? _____

Do you have anyone in mind you would like to billet with? Yes ___ No ___

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City/State/Zip: _____

Email Address: _____ Cell Phone: _____

Additional information:

Why do you want to billet for the Alliance Youth Hockey Association?



Alliance Youth Hockey Association

Billeting Release and Liability Waiver

I am the parent or guardian of _____, a Member of the Alliance Youth Hockey Association _____ AAA team. My son will be billeting with a host family in the Dallas/Ft. Worth area during the _____ season.

I acknowledge that the Alliance Youth Hockey Association:

- (i) will not be responsible for my son or his actions while he is billeting in the Dallas/Fort Worth Area;
- (ii) will not have legal custody of my son while he is billeting in the Dallas/Fort Worth Area;
- (iii) has not selected, chosen or screened the host family that my son will be billeting with during the _____ season; and
- (iv) will not be monitoring or overseeing my son's actions and activities while he is billeting in the Dallas/Fort Worth Area.

Understanding all of the above, and in consideration of my son being a member of an Alliance Youth Hockey Association team, I, on behalf of myself, my spouse and son, and any of our respective heirs, successors or agents, do hereby release and discharge the Alliance Youth Hockey Association and its board of directors, officers, and coaches from any liability for any loss, damage, injury or expense that we may suffer resulting from my son billeting with a host family in the Dallas/Fort Worth area, or occurring while my son is billeting with a host family in the Dallas/Fort Worth Area.

This Billeting Release and Liability Waiver is effective as of the date set forth below.

Print Name: _____

Signature: _____

Date: _____