



## AHAI Billet Policy and Application

I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief.

***I understand that any misrepresentation, falsification, or omission of any facts will result in disciplinary action up to and including the elimination of the affiliate club's billet program AND the billet family members permanent suspension from all USA Hockey activities, INCLUDING THE BILLET FAMILY MEMBER ATHLETE/PLAYER.***

If any of the information that you provide changes at any time, you must **personally and immediately** notify AHAI's Safe Sport Coordinator Julie Rancourt at [safesport@ahai2.org](mailto:safesport@ahai2.org)

### Player & Parent Signatures:

|                                                   |                                                     |                      |
|---------------------------------------------------|-----------------------------------------------------|----------------------|
| _____<br><i>Player Name Printed</i>               | _____<br><i>Player Signature</i>                    | _____<br><i>Date</i> |
| _____<br><i>Player Parent/Guardian #1 Printed</i> | _____<br><i>Player Parent/Guardian #1 Signature</i> | _____<br><i>Date</i> |
| _____<br><i>Player Parent/Guardian #2 Printed</i> | _____<br><i>Player Parent/Guardian #2 Signature</i> | _____<br><i>Date</i> |

### Billet Parent Signatures:

|                                               |                                            |                      |
|-----------------------------------------------|--------------------------------------------|----------------------|
| _____<br><i>Billet Parent #1 Name Printed</i> | _____<br><i>Billet Parent #1 Signature</i> | _____<br><i>Date</i> |
| _____<br><i>Billet Parent #2 Name Printed</i> | _____<br><i>Billet Parent #2 Signature</i> | _____<br><i>Date</i> |

### Affiliate Signature:

|                                                                           |                                                                        |                      |
|---------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------|
| _____<br><i>AHAI Member Program<br/>Billet Coordinator - Name Printed</i> | _____<br><i>AHAI Member Program<br/>Billet Coordinator - Signature</i> | _____<br><i>Date</i> |
|---------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------|

## AHAI Billet Policy

The USA Hockey Billet Policy (below beginning on page 3) is managed within the USA Hockey SafeSport program, mandated in the SafeSport Code by federal legislation, under the oversight of the U.S. Center for SafeSport and the United States Olympic & Paralympic Committee. The terms and conditions of the USA Hockey Billet Policy are required and must be agreed to and complied with in full by every participant in a billet player relationship. These minimum terms and conditions cannot be altered or made less stringent.

### Agreement

The parents/legal guardians of all billeted players, and adult members of billet host families, must complete this AHAI billet policy acknowledgement and application and meet all conditions **prior to accepting a billeted player into a host home**. AHAI Member programs may prepare additional forms or agreements in addition to this agreement, but this basic application and policy acknowledgement must be completed for every billeted player. **THE AHAI REGISTRAR WILL NOT APPROVE THE ROSTER OF ANY TEAM THAT HAS NOT SUBMITTED ALL FORMS REQUIRED OF BILLETED PLAYERS.**

### Billet Coordinator

Every AHAI member organization with any number of billeted players (one or more) **must have a named billet coordinator**. The billet coordinator is responsible for the following: (1) communication with all participants in a billet player relationship; (2) any applicable coordination with the team staff of billeted players; (3) completion of the billet application prior to placing the billeted player in a host home; (4) confirmation of compliance with all required SafeSport and Background Screening requirements; (5) completion of the required AHAI billet spreadsheet; and (6) maintenance all documentation related to every billeted player. Billet coordinators can be asked to produce proof of these documents at any time by the AHAI SafeSport Coordinator.

### Non-compliance

Non-compliance with any requirement of the AHAI Billet Policy and/or the USA Hockey Billet Policy can result in actions including but not limited to: (1) termination of a billet agreement; (2) removal and relocation of a billeted player from a billet home; (3) removal of the player from the organization; and (4) sanctions against any participant in the billet relationship and/or sanctions against the AHAI member organization. **This includes the possibility of the indefinite suspension of any members of USA Hockey found to be involved in directly or indirectly violating this agreement.**

Questions related to billeting should be directed to the AHAI Member Program's Billet Coordinator. All questions regarding billeting from AHAI Member Program's Billet Coordinator should be directed to the AHAI SafeSport Coordinator Julie Rancourt at: [safesport@ahai2.org](mailto:safesport@ahai2.org)

## USA Hockey Billet Policy as of 12/31/2024:

### BILLETING POLICY

It is recognized that some youth and junior hockey players leave home to play hockey in a location away from their parents. Having Minor Athletes live outside their homes increases risk for abuse and misconduct to occur. “Billeting” means an arrangement where a Minor Athlete lives away from his/her parent(s) or legal guardian(s) in a private family residence arranged or coordinated by a Member Program (or USA Hockey) and meeting the requirements described in this Policy. “Billet” refers to the host adult(s) and family with whom the athlete lives. Billeting arrangements do not include housing arrangements in which the host adult or family is related to the Minor Athlete or otherwise has a Dual Relationship with the Minor Athlete or where the housing is arranged privately by the parents/legal guardians of the Minor Athlete. Billeting also does not include group housing arrangements such as a dormitory, apartment, or hotel or similar residential dwellings that are not operated by the Member Program. All organizations and teams that arrange for players to live with billet families shall have written policies and procedures in place to govern the arrangement. All billeting policies and procedures shall be provided to the player’s parents in advance of placing the player with the billet and shall meet the following requirements:

- Billet families and the player and player’s parents shall all sign an agreement with the Member Program and/or team that they consent to the billeting arrangement, acknowledge that the adults in the billet household are considered Adult Participants as defined in this Safe Sport Program Handbook, and that they will comply with the terms and conditions of the Billeting Policy, the Safe Sport Code and the USA Hockey Safe Sport Program Handbook. The billet agreement shall include information on completing applicable training and how a player, parent or billet can make a report of misconduct.
- If required by the jurisdiction where the player is billeted, the player’s parents shall sign and provide a power of attorney and/or guardianship (as necessary by applicable state law) to the billet family adults to allow for them to make emergency medical and schooling decisions.
- Each Member Program or team that billets players shall have a SafeSport Trained and background screened billet coordinator who shall be responsible for overseeing compliance with the Billeting Policy, the SafeSport Code and all USA Hockey Safe Sport Policies.
- No more than two billeted players may be housed with any one billet family. At the Junior level, there may be exceptions to the number of billeted players permitted in one billet home if approved by the applicable Junior league, however approval should only be granted when necessary.
- Absent an emergency, or unless a Dual Relationship exception applies and the team has obtained the necessary consent, coaches may not host or billet athletes who play on the coach’s team. It is strongly recommended that team/program owners, management and

staff (except the billet coordinator) do not host or billet athletes. Emergency situations should be documented and kept with the Member Program.

- Minors must be placed with a billet family and may not reside in an apartment or home solely with other players. This includes homes, apartments or hotels used as a “dormitory” unless the housing is offered in conjunction with and authorized by a school that is accredited or sanctioned by the state school system.
- All adults living in the household of the billet family must be registered with USA Hockey, screened in accordance with the USA Hockey Screening Policy, and must complete the SafeSport Training in compliance with Section II. Proof that these requirements have been met must be received by the team’s billet coordinator prior to the player moving in with the family.
- Adherence to the limitations on one-on-one interactions between an adult Billet and a Minor Athlete should be practiced whenever possible but may not always be practical in all situations in a billet household. For instance, such interactions may be unavoidable in “common” areas of the household such as living rooms, kitchens and dining rooms. However, there shall be no one-on-one interactions between the adult Billet and a Minor Athlete in any “private” areas of a billet home, including any bedroom, bathroom, or any other similar “private” area. The billet athlete’s parent/ legal guardian must provide written consent annually prior to the Minor Athlete moving into the billet home that addresses any such one-on-one interactions. That written consent must be kept with the billet coordinator for the duration of the consent.
- It is strongly recommended that all billet families be two-parent homes. Single parent billet families may be acceptable if there are two players billeting in the home and the organization or team takes additional reasonable steps to regularly monitor the billeting arrangement and its compliance with the USA Hockey Safe Sport Policies.
- The Member Program or team shall have a mandatory curfew for all billeted players. The host family may have an earlier curfew.
- Players must agree to comply with the house rules of the billet families, including curfews, chores/ cleaning, telephone usage, etc. Complaints about unusual rules shall be addressed with the Member Program/team billet coordinator.
- Players shall not stay overnight at any other home except with the permission of the player’s parents and advance notification to the billet family and Member Program or team billet coordinator.
- Players are not to drive billet family vehicles without automobile liability insurance as required by applicable state law, and documentation and approval of the billet family.
- The Member Program’s/team’s billeting policy shall include requirements that, annually and prior to the placement of the player in the billet home, the billeted player must take

the course titled “SafeSport for Youth Athletes (Ages 13-17)” and that player’s parents/legal guardians must take the course titled “Parent’s Guide to Misconduct in Sports,” both offered free of charge by the Center. The billeted player is not required to take this training if the player is already required to take the Core SafeSport Training as described in Section II.

- The policy shall also require that the parent/guardian of the billeted player provide the required written consents for transportation by the adults in the host family.
- The policy shall also require that the billet family maintain appropriate homeowner’s/renter’s insurance.
- Players living with a billet family shall be permitted to make regular check-in phone calls to parents. Team personnel and billets shall allow for any unscheduled check-in phone calls between the player and parents.
- The billet coordinator should schedule monthly calls with the billet parents and the billeted player’s parents/legal guardians and/or monthly visits to each billet home.

## AHAI Host Family Information

|                                                                             |                            |                              |
|-----------------------------------------------------------------------------|----------------------------|------------------------------|
| <b>Name of Primary Adult(s) Living in Billet Household and USA Hockey #</b> | <b>1.</b>                  | <b>2.</b>                    |
|                                                                             | <b>Street Address</b>      | <b>City, State, Zip Code</b> |
|                                                                             |                            |                              |
| <b>Primary Phone # (Cell)</b>                                               | <b>1.</b>                  | <b>2.</b>                    |
|                                                                             |                            |                              |
| <b>Primary Email used by Billet Family Adult(s)</b>                         | <b>1.</b>                  | <b>2.</b>                    |
|                                                                             |                            |                              |
| <b>Other Members Living in Household</b>                                    | <b>Name / Gender / Age</b> | <b>Name / Gender / Age</b>   |
|                                                                             |                            |                              |
| <b>Other Members Living in Household</b>                                    | <b>Name / Gender / Age</b> | <b>Name / Gender / Age</b>   |
|                                                                             |                            |                              |
| <b>Other Members Living in Household</b>                                    | <b>Name / Gender / Age</b> | <b>Name / Gender / Age</b>   |
|                                                                             |                            |                              |
| <b>Other Members Living in Household</b>                                    | <b>Name / Gender / Age</b> | <b>Name / Gender / Age</b>   |
|                                                                             |                            |                              |

**Are there other members of the family over the age of 18 whose primary residence is outside of the home, but they may occasionally stay overnight at the Billet Household? If Yes, provide the Name, Gender, Age, and USA Hockey # of these individuals**

**Primary Adults in Household who can provide Transportation to all Billet activities as needed\***

**1. Name/IL Driver's License #**

**2. Name/IL Driver's License #**

\*Note: All adults who will provide transportation to a Billet will be required to provide a photocopy of their driver's license as well as proof of auto insurance.

**Is there a private bedroom available for the billeted player? If No, please describe the living arrangements available for a Billeted player.**

**How many Billeted players will be living in this # of Billeted Players Household? (No more than 2 per policy).**

### Host Family Experience/Screening

|                                                                                                                                                                              |                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Does this Host Family have prior experience in Billeting players?                                                                                                            | If Yes, # of years / total number of Billested Players |
| I understand that all adult members living in or staying overnight on multiple nights in the Billet household must have a Background Screening through USA Hockey.           | Yes / No                                               |
| I understand that all adult members living in or staying overnight on multiple nights in the Billet household must have completed the USA Hockey SafeSport education online. | Yes / No                                               |

### AHAI Billet Player Information

|                                        |              |
|----------------------------------------|--------------|
| Name of Billet Player                  |              |
| USA Hockey Number:                     |              |
| Billet Player Date of Birth:           |              |
| Billet Player Gender:                  |              |
| Billet Player's Parent/Legal Guardians | 1.<br><br>2. |

|                                                                            |                                                                          |                                                                                                |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>Home Address of Billet Player/Parent:</b>                               | <b>Street Address</b>                                                    | <b>City / State / Zip Code</b>                                                                 |
| <b>Cell phone Player</b>                                                   |                                                                          |                                                                                                |
| <b>Email Player</b>                                                        |                                                                          |                                                                                                |
| <b>Cell phone Player Parent #1</b>                                         |                                                                          |                                                                                                |
| <b>Email Player Parent #1</b>                                              |                                                                          |                                                                                                |
| <b>Cell phone Player Parent #2</b>                                         |                                                                          |                                                                                                |
| <b>Email Player Parent #2</b>                                              |                                                                          |                                                                                                |
| <b>AHAI Member Program Rostering Billet Player</b>                         | <b>Program Name</b>                                                      | <b>Team / Level of Play</b>                                                                    |
| <b>Has Player been a Billet in Prior Years?</b>                            | <b>If Yes, please list Program /State / Year / Level of Play.</b>        |                                                                                                |
| <b>If a Prior Billet, has Player ever been removed from a Billet Home?</b> | <b>If yes, please describe situation, attach any documents as needed</b> |                                                                                                |
| <b>Does Billet Player have a Driver's license?</b>                         | <b>If Yes, State issued and year of issue</b>                            | <b>License #</b>                                                                               |
| <b>Will Player be Driving in IL?</b>                                       | <b>If Yes, will Player be bringing their own vehicle?</b>                | <b>If Yes, will auto insurance be provided by Parent/Guardian during time player is in IL?</b> |