



# 2024-2025 Colorado Rampage AAA Hockey Billeting Policy

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**PLAYER (FAMILY) COMMITMENT:** We have read the Colorado Rampage Youth Hockey Billeting Policy on pages 3-5 and agree to abide by the policy. My son will be billeting with a host family in the Monument/North Colorado Springs area. We acknowledge that Colorado Rampage Youth Hockey: a) will not be responsible for my son's action(s) while they are billeting, b) will not have legal custody of my son while they are billeting. Understanding the policies below, and in consideration of my son becoming a member of the Colorado Rampage Youth Hockey team, we, on behalf of myself, my spouse, and child, and any of our respective heirs, successors, or agents, do hereby waive, release, absolve, indemnify and agree to hold harmless Colorado Rampage Youth Hockey, its owners, officers, directors, sponsors, supervisors, coaches, assistant coaches, governors, managers and other participants and persons associated with Colorado Rampage Youth Hockey from any liability for any loss, damage, injury or expense that we may suffer resulting from my son billeting with a host or occurring while my child is billeting with a host family. **Both parental signatures required.**

**Player's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





**BILLET-HOST FAMILY COMMITMENT:**

**PLEASE IDENTIFY EVERY PERSON LIVING IN THE HOUSEHOLD, INCLUDING ADULTS 18+ INCLUDE AGE (PLEASE PRINT):**

\_\_\_\_\_  
\_\_\_\_\_

Adults 18+ must complete USA Hockey Background Screening. We have read the Colorado Rampage Youth Hockey Billeting Policy on pages 3-4 below and agree to abide by the policy.

**BILLET FAMILY REPRESENTATIVE:**

\_\_\_\_\_  
*Please PRINT name above*

\_\_\_\_\_  
*Please SIGN name above*

**TODAY'S DATE:** \_\_\_\_\_

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The Billet Coordinator is responsible for overseeing compliance with the billeting policy. The coordinator is the direct contact for all parties above for questions or concerns.

**BILLET COORDINATOR (S):**

\_\_\_\_\_  
*Please PRINT name above*

\_\_\_\_\_  
*Please SIGN name above*

**TODAY'S DATE:** \_\_\_\_\_

**PLEASE SAVE OUR CONTACT INFO:**

Kelly Moon 719-964-1965 [kmoon@corampage.org](mailto:kmoon@corampage.org)

Rie Sanchez 808-729-2175 [billet@corampage.org](mailto:billet@corampage.org)





We recognize that in some cases youth hockey players leave home to play hockey in a location away from their parents. Under these circumstances, the team arranges for the player to move into a billet family. Having youth players live away from their homes and parents increases risk for abuse and misconduct to occur. The following billeting policies and procedures shall be met:

**Billet & Host initial each of the statements below:**

\_\_\_ \_\_\_ As 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 Colorado law) to the billet family adults to allow for them to make emergency medical and schooling decisions.

\_\_\_ \_\_\_ No more than two billeted players should be housed with any one billet family. Coaches, team/program management and staff are not allowed to host or billet players.

\_\_\_ \_\_\_ Minors must be placed with a billet family and may not reside in an apartment or home solely with other players.

\_\_\_ \_\_\_ All adults (individuals over 18 years of age) living in the household of the billet host family must be registered with USA Hockey, complete the background screening (\$30 each adult).

<https://www.usahockey.com/backgroundscreen> Proof that these requirements have been met must be received by the Billet Coordinator prior to the player moving in with the family.

\_\_\_ \_\_\_ The billet family will provide the player a private bedroom, including a bed, dresser and closet space. Clarify with the player whether you will provide bed linens and towels.

\_\_\_ \_\_\_ The player will need WIFI access to complete schoolwork and a space to study.

\_\_\_ \_\_\_ The billet family will respect the player; provide a clean, family atmosphere to the player; and, provide or have available food for three nutritious meals and snacks.

\_\_\_ \_\_\_ The billet family will communicate clearly what house rules are. Remember, that like your own children, they may need a reminder. But the Billet Coordinator is also available for any concerns.

\_\_\_ \_\_\_ Billet families are required to report any violations of team rules or violations of curfew rules to the Billet Coordinator immediately.

\_\_\_ \_\_\_ Billet family must notify billet coordinator if they will be gone overnight, temporary arrangements will be made for the player to stay elsewhere while the host family is away.

\_\_\_ \_\_\_ Players' parents shall coordinate monthly billet fee payment with the host family prior to move in. Fees and details are outlined on page 5.





\_\_\_\_ \_\_\_\_ Players will adhere to either their team curfew or the host family curfew, whichever is earlier. This may differ during the week based on schedule and activity commitment. Compliance issues should be reported to the billet coordinator who will be in direct contact with coach/staff.

\_\_\_\_ \_\_\_\_ Players shall agree to comply with the house rules of the billet families, including curfews, chores/cleaning, internet and telephone usage, etc. Complaints about unusual rules shall be addressed with the association Billet Coordinator.

\_\_\_\_ \_\_\_\_ Players that are in high school are expected to maintain a minimum GPA of 2.5. Rampage organization aims at moving these athletes into college level of play and therefore education is an important component of the program and players are expected to prioritize schoolwork over social activities.

\_\_\_\_ \_\_\_\_ Players are not permitted to leave the Monument/North Colorado Springs area, other than on scheduled team trips, without the prior approval from the player's parents, Head Coach, and the billet parents.

\_\_\_\_ \_\_\_\_ 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 Colorado Rampage Youth Hockey's billeting policy requires that the billet family maintain appropriate homeowners/renters' insurance.

\_\_\_\_ \_\_\_\_ It is a privilege to live at a billet's home, not a right, and therefore, players will respect the billet family, their home, and their belongs. Players will be pleasant, courteous, and always helpful. Players must respect and adhere to the rules of the billet house.

\_\_\_\_ \_\_\_\_ Players need to notify the billet family in advance if they will not be home for meals.

\_\_\_\_ \_\_\_\_ Players need to let the billet family know where they are going and when they will be returning.

\_\_\_\_ \_\_\_\_ Players will inform the billet family of practice and/or game times and changes.

\_\_\_\_ \_\_\_\_ Players will supply their own personal hygiene products. This would also include protein shakes, and similar training supplements.

\_\_\_\_ \_\_\_\_ Players will be responsible for keeping their room and bathroom clean. Players will do their own laundry unless told otherwise by the billet family. (Host may want to post appliance instructions.)

\_\_\_\_ \_\_\_\_ There will be no alcohol consumption, tobacco, vaporizer, or drug use by any member of the team at any time. Suspicious or concerning behavior should be communicated with the Billet Coordinator immediately.

\_\_\_\_ \_\_\_\_ Players that chose to eat out of the host home are expected to cover their own costs. The host family is expected to provide 3 healthy meal options through the day (players may be expected to prepare their own breakfast and lunch).





\_\_\_\_\_ Host families are not expected to change the family's meal planning to accommodate a billet's diet due to preference or unwarranted desires (allergies do not apply here). Additional fees would possibly need to be added to accommodate for unusual needs.

**Billet Player Fees:**

- **Drivers: \$500/mo**
- **Non-drivers: \$550/mo**

\_\_\_\_\_ NOTE: Please note the first month may be prorated if the player arrives mid-month. The first month please add an additional \$60 to your billet fee to cover the cost of host background checks (this only applies at new host homes). The months following will be charged at full rate, regardless of trips taken in which the player is missing for some days. Do NOT ask the host to discount, if you must request, please ask the billet coordinator to talk with the host directly.

\_\_\_\_\_ \*This nominal increase would help cover the cost for a minimum amount of transportation. If teammates, older players, or another family is primarily transporting your player, arrangements should be made to compensate these drivers directly. Players that have significant transportation needs would need to arrange additional fees to cover their needs. Billet coordinators can help address what is appropriate.





**POWER OF ATTORNEY**  
(For Guardianship)

**STATE OF:** \_\_\_\_\_

**COUNTY OF:** \_\_\_\_\_

Pursuant to C.R.S § 15-14-105 1973, I hereby delegate to \_\_\_\_\_ who resides at \_\_\_\_\_ whom I designate my attorney in fact for this purpose, all my power regarding custody, well-being, and property of my child, \_\_\_\_\_, which are delegable under the Colorado Probate Code, including the power to consent to surgical operations and medical and dental treatment and to receive and deliver any payment of money and property due the said minor child. In accordance with C.R.S. § 15-14-105, this delegation does not include power to consent to marriage or adoption. This delegation is made for a period not to exceed twelve (12) months and shall terminate \_\_\_\_\_. This power of attorney shall not be affected by disability of the principal, and shall remain in effect, to the extent permitted by C.R.S. §15-14-105, notwithstanding later disability or incapacity of the principal at law, or later uncertainty as to whether the principal is dead or alive.

**Dated:** \_\_\_\_\_  
Signature of Father/Legal Guardian (Must be signed in front of notary) \_\_\_\_\_  
Print or type name \_\_\_\_\_

**Dated:** \_\_\_\_\_  
Signature of Mother/Legal Guardian (Must be signed in front of notary) \_\_\_\_\_  
Print or type name \_\_\_\_\_

**Address:** \_\_\_\_\_

Father/Legal Guardian \_\_\_\_\_  
Email: \_\_\_\_\_

Mother/Legal Guardian \_\_\_\_\_  
Email: \_\_\_\_\_

**STATE OF:** \_\_\_\_\_

**COUNTY OF:** \_\_\_\_\_

The foregoing instrument has been subscribed and affirmed, or sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
Signer(s) name(s) – Not the notary's name

Witness my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC  
My commission expires: \_\_\_\_\_

