



# CENTRAL CANADA HOCKEY LEAGUE (CCHL) BILLET FAMILY APPLICATION FORM

## **Personal Information**

Full Name of Applicant(s):

Date of Birth:

Home Address:

City:

Province:

Postal Code:

Phone Number (Primary Contact):

Phone Number (Secondary Contact):

Email Address:

## **Household Information**

Total Number of Adults in Household:

Total Number of Children in Household (if applicable):

Occupation(s) of Adults in Household:

Number of Bedrooms Available for Player:

Number of Bathrooms:

Description of Living Arrangements (e.g, own bedroom, shared bathroom)

Pets in Household (if any, specify type and number)

Allergies or Dietary Restrictions in the Household (if any, specify)

## **Consent for Background Check**

I, the undersigned, hereby consent to a Vulnerable Sector Check or Criminal Record Check being conducted on all adult members of my household as part of the billet family approval process. I understand that this check is necessary for the safety and well-being of the player(s) residing with our family. I also acknowledge that the information obtained during the background check will be kept confidential and used solely for the purpose of player safety and well-being in accordance with the Central Canada Hockey League (CCHL) Billet Family Screening Policy and will not be disclosed to any unauthorized individuals or entities.

**Signature of Applicant(s):**

**Date:**

Please submit this completed application form to the designated representative of the CCHL team for which you are applying to become a billet family. Your cooperation is greatly appreciated, and we thank you for your willingness to support our players in their athletic and personal development.