Stateline Boys & Girls Clubs Inc. - Membership Form

Do Not Fill in Shaded Areas

Unit # _____ Membership # _____

SECTION 1

Application Date: _____

Previous Member: Yes ____ No ____

Race: (Circle One)

B - African/American W - White X - American Indian

O - Asian/Pacific H - Hispanic X - Other or Mixed Heritage

Membership Paid: $ _____ Fee Fully Paid: Yes ____ No ____ Receipt #: _____

SECTION 2 (Information Pertains to the Member)

Member's First Name: _____ Middle: _____ Last: _____

Member's Birth Date: _____/_____/_____ Age: _____ Sex: Male _____ Female _____

Address: _____

City: _____ State:_____ Zip_____ Parent's E-mail:_____

Does Member Live With:

( ) Mother Only ( ) Father Only ( ) Both Parents ( ) Grandparents ( ) Other _____

SECTION 3 (Information Pertains to the Member)

Number of Brothers: _____ Number of Sisters: _____ People Living in House:_____

Name of School: _____ Grade: _____

Home Phone: (_____) _____ Emergency Phone: (_____) _____

SECTION 4

Father's Name: _____ Mother's Name: _____

Father's Employer:_____ Mother's Employer:_____

Work Phone: _____ Work Phone: _____

To ensure that we continue receiving grants/funds, the following optional information is requested. It will remain strictly confidential.

Annual Family Income: (Circle One)

1. 0 - $10,465 Per Year
2. $10,466 - 14,105
3. $14,106 - $17,745
4. $17,746 - $21,385
5. $21,386 - $25,025
6. $25,026 - $28,665
7. $28,666 - $32,305
8. $32,306 - $35,945
9. $35,946 and Over

SECTION 5

Does the Member Have Health Insurance? Yes _____ No _____

Does the Member Have Any Health Problems? Yes _____ No _____

If Yes, Explain: (Include if any Medications are taken): _____

SECTION 6 (Office Use Only)

Member Information: _____

SECTION 7 (Office Use Only)

Program Tracking (Circle those that apply)

1. Summer Camp
2. Basketball League
3. Football
4. Soccer League
5. Community Service
6. Outreach - Other
7. General Membership
8. Dance
9. T-Ball
10. Softball

Welcome to the Stateline Boys & Girls Clubs Inc.

I promise to take care of my club and property.
I promise not to smoke in the building or on the grounds.
I promise to use proper language and show respect for myself, staff, and other members.
I must bring my membership card to the club daily for admittance.
If at any time I am asked to return my card, I understand no dues will be refunded to me.
I understand to replace a lost card is $1.00.
I understand that the front desk is a business area.
I understand that the phone is for emergency purposes only.
I understand food and drink are allowed only in designated areas at designated times.

I HAVE READ AND I UNDERSTAND THE ABOVE:

Member's Signature:_____ **Date:** _____

PARENT'S OR GUARDIAN'S APPROVAL

We hereby approve of our child's application for membership in the Stateline Boys & Girls Clubs, Inc. and give our consent to our child being given an examination and emergency treatment by a physician or hospital in case of an accident, and to his/her taking part in the various athletic, cultural, and social activities of the Club. Also, I understand that the Boys & Girls Club and its personnel are not responsible for personal injury or loss of property. The membership fee that is paid is to register the youth in our files. It is not a fee for any activity. It is not refundable. I authorize the School District and/or the educational institution my child attends to release report card and test scores information to the Boys & Girls Club. I hereby consent to the reproduction, publication and use of photographs taken of my child by the Stateline Boys & Girls Clubs, for advertising, educational and/or publicity purposes in any and all publications, advertisements and publicity materials, without limitation or reservation.

Parent or Guardian Signature:_____ **Date:** _____