



STATELINE
BOYS & GIRLS CLUBS

STATELINE BOYS AND GIRLS CLUB BANK OR CREDIT CARD DRAFT AUTHORIZATION 2020-2021

Parent/Guardian Name (please print)

First _____ M.I. _____ Last _____

Last

Address _____ Email _____

Program:

() One time per month draft (draft occurs on the 1st of every month)

Please be aware that drafts will occur on Monday, if the 1st falls on the weekend or on the day after a Holiday (i.e. January 1 will occur January 2nd).

Childs name _____ Grade Level _____

Childs name _____ Grade Level _____

[] Beloit Club

[] South Beloit Club

[] After School site _____

Draft Options

[] Checking Account Bank Name _____

Bank Routing # _____ Account # _____

[] Savings Account Bank Name _____

Bank Routing # _____ Account # _____

[] Credit Card Name on Card _____

Account # _____ Card Type _____

(Discover, MasterCard, or Visa)

Expiration Date _____ CID# _____

- This authorization continues indefinitely and automatically until cancelled by the person signing this authorization. Draft cancellations require a 15 day notice.

- Amount of draft will be determined by elected program and the fee and adjustments defined by the program policy. The draft may be adjusted based on increased fee rates or adjustments as defined by the program policy.
- Each program requires separate authorization forms.
- All drafts are non-refundable ☐
- A fee of \$25 will be charged for all returned drafts because of non-sufficient funds, account closing or payment stopped. Two charges of this type will result in expulsion from the program.
- If there is a change in any program fees that you are having auto-drafted out of your account each month we will let know prior to your payment being pulled.

I authorize the Stateline Boys and Girls Club to draft the above named bank or credit card account for payment of membership or program fees. I understand that the Stateline Boys and Girls Club may initiate a preauthorization to validate the account number and bank transit number listed. I also understand that I am liable for the entire balance plus the processing fee for returned drafts.

Parent/Guardian Signature

Date

Stateline Boys & Girls Clubs Inc. - Membership Form

Do Not Fill in Shaded Areas

Unit # _____

Membership # _____

SECTION 1

Application Date: _____

Race: (Circle One)

Previous Member: Yes _____ No _____

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

4. \$17,746 - \$21,385

7. \$28,666 - \$32,305

2. \$10,466 - 14,105

5. \$21,386 - \$25,025

8. \$32,306 - \$35,945

3. \$14,106 - \$17,745

6. \$25,026 - \$28,665

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

5. Community Service

9. T-Ball

2. Basketball League

6. Outreach - Other

10. Softball

3. Football

7. General Membership

4. Soccer League

8. Dance



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:** _____



STATELINE
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Emergency and Medical Form

Member Name _____	Male _____ Female _____
Address _____	Birthdate _____
City, State, Zip _____	Age _____ Grade _____
Email Contact _____	Phone _____
Does your child have permission to walk home? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Medical Health History	
Has your child been diagnosed or treated for the following: <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Special Dietary Needs <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Allergies to Insects <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other _____	Physicians Name: _____ Phone Number: _____ Hospital Preference: _____
Additional Information we should know: _____ _____	

Emergency Contact 1	Emergency Contact 2
Name: _____	Name: _____
Relationship to Family: _____	Relationship to Family: _____
Phone: _____	Phone: _____

Please initial the boxes below acknowledging that "I have read and understand that you give Stateline Boys & Girls Club permission to":

- ☐ Seek medical treatment for my child, in my absence, in the event of an emergency
- ☐ Use photos or videos taken of my child for the Stateline Boys & Girls Club Promotional Purposes online and elsewhere.
- ☐ I authorize the School District and/or educational institution my child attends to release report card information to the Boys & Girls Club.
- ☐ Take my child outside to play on the playground equipment under SBGC Staff Supervision
- ☐ Allow my child to go on short walks with their group under SBGC Staff Supervision
- ☐ I understand that the SBGC is not responsible for lost, stolen, or damaged personal items

Parent Signature

Date



Guardian Authorization for Alternative Pick Up

I, _____, give permission for my child,
_____, to be picked up from the Stateline Boys & Girls Club by the following
individuals. I understand that the Stateline Boys & Girls Club may require any individuals to provide
photo identification prior to picking up my child from the facility.

Name: _____ Relationship to Child: _____

Address: _____ Phone Number : _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number : _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number : _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number : _____

Comments:

Parent/Guardian Signature: _____ Date: _____