



AMERICAN TURNERS YOUTH REGISTRATION FORM

NAME OF APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ AGE: _____

PARENT/GUARDIAN (CIRCLE ONE) #1: _____
ADDRESS SAME AS ABOVE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN (CIRCLE ONE) #2: _____
ADDRESS SAME AS ABOVE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

INSURANCE INFORMATION:

NAME OF INSURANCE CARRIER: _____

POLICY #: _____

EMERGENCY CONTACT INFORMATION:

1. NAME: _____ RELATIONSHIP: _____ PHONE #: _____

2. NAME: _____ RELATIONSHIP: _____ PHONE #: _____

3. NAME: _____ RELATIONSHIP: _____ PHONE #: _____

IF PARTICIPATING IN SPORTS IN AN AMERICAN TURNERS SOCIETY, NAME SOCIETY:

Please fill out and either email as an attachment to nationaloffice@amturners.org or send via US mail to the National Office. Accompany this form with \$8.25 payable by check or money order. Note: this fee is payable annually.