



FOUNDED 1848

# 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](mailto: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.