



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:

I hereby consent to the use of my photo/my child's photo
for American Turners' use in promotions/publications.

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mail to the National Office. Accompany this form with \$8.25 payable by check or money order.
Note: this fee is payable annually.