

Philadelphia Boys' Gymnastics

team member application

Name _____ Date of birth _____

Address _____

City _____ State _____ Zip _____

Parents/Guardians names _____

Home Phone (____) _____ USAG level of competition _____ USAG# _____

Father's work phone (____) _____ Mother's work phone (____) _____

Cell phone numbers _____

e-mail address(es) _____

Where did you hear about PBG? _____

This application must be accompanied by a payment for \$150 (\$95 Jan1-June 30), made out to **Philadelphia Boys' Gymnastics**, which covers our once-a-year registration fee. Also required to complete application to the team is a medical, insurance and liability release form.

Parent's signature _____ Date _____

Return the upper portion of this application to:

Fred Turoff
Philadelphia Boys' Gymnastics
Pearson Hall 230
1800 N. Broad Street
Philadelphia, PA 19122

In case you have any questions, or if you need directions to 4700 Wissahickon Av, feel free to call Fred at his office, (215) 204-7452, or contact him by email at fturoff@temple.edu, or check our website www.philadelphiaboysgymnastics.org.