**Junior Athlete Voice Application Form**

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| **Personal details** |  |
| Name: |  |
| Date of Birth: |  |
| Guardian name: |  |
| Guardian telephone number: |  |
| Email address: |  |
| Athletics Club: |  |
| Event/s: |  |
| Age Group this season: |  |
| Number of years you have participated in Athletics: |  |

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| **To be completed by parent/carer/guardian if you are under the age of 18.** |
| I am the parent/guardian/carer of the above-named young person and I hereby give my permission for my child/ward to submit an application and video to apply to become a member of the Welsh Athletics Junior Athlete Voice Forum:  Signed: Name: Date: |

Thank you for completing the application form, please email along with an attachment of your 1 minute video to hannah.pretty@welshathletics.org