Become a British Athletics Youth Advisor

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| --- | --- |
| **Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Date of Birth** |  | **Age** |  |
|  |  |  |  |
| **Phone Number** |  |
|  |
| **Email** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**The boring bits…**

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| Please tick the following boxes and sign below. This is to be signed by the Youth Advisor if over 18, or the Parent / Guardian if under 18. |  |  |
|  | Yes | No |
| I agree that UK Athletics will contact me / my child on an occasional basis to obtain my thoughts and opinions on various youth related athletics issues. I understand that I / my child have the option to withdraw from the Youth Advisors programme at any time. |  |  |
| I agree to my / my child’s details being shared with other organisations who may be working with UK Athletics on athletics related projects. I understand that my / my child’s details will not be passed on to other organisations for commercial and marketing purposes. |  |  |
| I agree that UK Athletics may contact me / my child from time to time to provide information about forthcoming events, competitions and activities. |  |  |
|  |
| Signed (Youth Advisor / Parent / Guardian) \*Delete as appropriate |  |
| Date  |  |