

ABN 15 211 513 464

ASSOC PROFESSOR PETER SINCLAIR
Head of Discipline of Exercise and Sports Science

Room K215
K Block Cumberland Campus
The University of Sydney
NSW 2006 AUSTRALIA
Telephone: +61 2 9351 9724
Email: peter.sinclair@sydney.edu.au
Web: <http://www.sydney.edu.au/>

A prospective randomised controlled trial to investigate the effects on balance and strength of the lower limb between a shoe with mid-foot flexion availability and a standard school shoe in children aged nine to twelve.

PARENT/CARER CONSENT FORM

I, [PRINT PARENT'S/CARER'S NAME], consent to my child
..... [PRINT CHILD'S NAME] participating in this research study.

In giving my consent I state that:

- ✓ I understand the purpose of the study, what my child will be asked to do, and any risks/benefits involved.
- ✓ I have read the Information Statement and have been able to discuss my child's involvement in the study with the researchers if I wished to do so.
- ✓ The researchers have answered any questions that I had about the study and I am happy with the answers.
- ✓ I understand that being in this study is completely voluntary and my child does not have to take part. My decision whether to let them take part in the study will not affect our relationship with the researchers or anyone else at the University of Sydney or at **Inov8** now or in the future.
- ✓ I understand that my child can withdraw from the study at any time.
- ✓ I understand that my child may refuse to answer any questions they don't wish to answer.
- ✓ I understand that personal information about my child that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about my child will only be told to others with my permission, except as required by law.
- ✓ I understand that the results of this study may be published, and that publications will not contain my child's name or any identifiable information about my child.

I consent to:

- De-identified photographs of my child YES NO
- Receiving feedback about my child's personal results YES NO

Would you like to receive feedback about the overall results of this study?

YES NO

If you answered **YES**, please indicate your preferred form of feedback and address:

Postal: _____

Email: _____

Parent's/carer's signature:

.....
Signature

.....
PRINT name

.....
Date