

## PARENT/GUARDIAN CONSENT FORM

An exercise a day keeps the physio away: a new approach for injury prevention in youth football (soccer) players.

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**Please initial box if you agree with the statement**

1. I confirm I am the Parent/Guardian of ..... (Name of child)
2. I have been provided with information explaining what my child's participation in this project involves.
3. I have had an opportunity to ask questions and discuss this project.
4. I have received satisfactory answers to all questions I have asked.
5. I have received enough information about the project to make a decision about my child's participation.
6. I understand that I am free to withdraw my child from the project at any time during data collection without having to give a reason for withdrawing.
7. I understand that I am free to withdraw my child's data by the end of the season.
8. I understand my child will be asked if they agree to participate and if they choose not to, their decision will be respected.
9. I understand the session will stop if my child asks or appears uncomfortable.
10. I understand the nature and purpose of the procedures involved in this project. These have been communicated to me on the information sheet accompanying this form.
11. I understand that the University of Bath may use the data collected for this study in a future research project(s) but that the conditions on this form under which my child provides the data will still apply.
12. I understand the data my child provides will be treated as confidential, and that on completion of the project my child's name or other identifying information will be deleted.
13. I agree to the University of Bath keeping and processing the data that my child provides during the course of this study and my consent is conditional upon the University complying with its duties and obligations under the Data Protection Act.
14. I consent to my child's data being shared.
15. I hereby fully and freely consent to my child's participation in this project.

If you have any concerns or complaints related to your child's participation in this study please direct them to the Chair of the Research Ethics Approval Committee for Health, Dr James Betts ([j.betts@bath.ac.uk](mailto:j.betts@bath.ac.uk), 01225 383448)

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name in BLOCK Letters: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Researcher signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher name in BLOCK Letters: \_\_\_\_\_

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