

D'Youville College
Informed Consent for a Child to be in a Research Study
Incidence of Injury in Urban Youth Football Players aged 6-15 Throughout One Football Season

The purpose of this form is to be sure that you are given enough information to make an informed decision about whether you will agree to allow your child to be a subject in a study involving research. We are four graduate physical therapy students at D'Youville College, in Buffalo, NY under the direction of Dr. Lynn Rivers, Chairperson of the Physical Therapy Department. Our names are Michelle Arsenault, Leslie McDonald, David Summers, and Andrew Stolfi. We are here to conduct a research project as part of our school requirements and are inviting your child to participate in our football study. We are doing this study in order to learn how many injuries are occurring during your child's upcoming football season, as well as how and why injuries are happening. This research is being done with the hope to prevent or reduce the number of injuries that may happen in future seasons. This study is observational only and involves no risk to your child in participating in our study.

We will be observing your child's football games and practices in order to record any injuries that may happen on the field. If your child happens to get injured during a game or practice, we will fill out a form about the injury itself. This form will record specific details about the injury and how it happened. This information will be recorded in such a way that the specific identify of your child will be kept confidential. This means that number codes will be used to record your child's information. No one but the researchers will have access to the information and it will be securely stored. Your child's identity will never be revealed and the information about the study will be reported in group form only. We ask nothing extra of your child, but to continue to participate in the football season as if a research project was not being conducted. There is no pressure to participate and if you choose to participate, you may change your mind at any time up to 5 days after the final game of the season. You can withdraw by notifying Dr. Rivers at 829-7702 of your desire to withdraw. There is no penalty to your child if you withdraw or choose not to have your child participate. If you have any questions about the purpose of the study or the information being collected please contact the researchers listed below.

You are receiving two copies of this form. Return the signed copy to the researcher and keep the other for your future reference. If you would like to receive a summary of the results of the study upon its completion, record your name and full address on the reverse of this form.

My signature below indicates that I understand the procedures for the study, and I agree to have my child be a subject in this study. I also agree to allow the researchers to present the findings publicly or privately, in oral or in written form

Name of Child: _____

Signature of Guardian: _____

Date: _____

Research Contact Information:

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