



APPALACHIAN STATE UNIVERSITY

PARENTAL PERMISSION FORM

TO BE REVIEWED BY PARENTS WITH CHILD 12-17 YEARS OLD

Health and Fitness Community Assessment Database

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RESEARCH STATEMENT

We are asking your child to be in a research study to compile a research database from the data generated by your child's visits to the Health and Fitness Community Assessment program. This form gives you and your child information to help you decide whether or not to be in the study, such as the purpose of study; the procedures, risks, and benefits of the study; how we will protect the information we will collect from your child; and how you can contact us with questions about the study or if you feel like your child has been harmed by this research. Please read it carefully. You should ask any questions you have about the research and, once they are answered to your satisfaction, you and your child can decide whether or not you want to be in the study. Being in the study is voluntary, and even after you agree to participate, you can change your mind and stop participating at any time without losing any benefits from the University to which you may be entitled.

PURPOSE OF THE STUDY

Our goal is to create a computer database to help us study health and fitness values of individuals choosing to participate in the Health and Fitness Community Assessment program at Appalachian State University. This will help us find normal values for some health and fitness measures, how these performance measures relate to each other, and how these measures may change over time. We may also use this data in future studies where other groups of people (such as those with medical problems or healthy people with different levels of fitness) are compared to people in this database.

STUDY PROCEDURES

Your child's data will be coded with a number that will link participant identities to their data and added to a computer database of health and fitness measures. This data may be combined with other data from those who have participated in this research and used in scientific presentations or published in journal articles. No information that can identify you will be used or shared with anyone not involved in this study. You will not be asked to complete any other fitness or health tests and you may refuse to answer any question.

RISKS, STRESS, AND DISCOMFORTS

The only risk associated with this study is that your child's information may become known outside the research study. Under the "Protection of Research Information" section below, we will describe how we try to prevent this from happening.

BENEFITS OF THE STUDY

There may be no personal benefit from your child's participation but the information gained by doing this research may help others in the future. We will not pay you for the time you volunteer while being in this study, nor will you receive a discount on the costs related to the Health and Fitness Community Assessment service.

YOUR RIGHTS AS A RESEARCH PARTICIPANT

Your child's participation in this research is completely voluntary. If you choose not to volunteer, your child will still have the opportunity to be tested and your child's data would not become part of the research database. There will be no penalties or consequences for refusing to participate. If your child will decide to take part in the study, they can still decide at any time that they no longer want to participate. If you and your child have questions or concerns about your child's rights as someone taking part in research, please contact the Appalachian State University Office of Research Protections at **828-262-2692** or **irb@appstate.edu**. This study was approved by the Appalachian State University Institutional Review Board on (add approval date), 2021.

PROTECTION OF RESEARCH INFORMATION

Information from the study will be stored indefinitely online in a protected database only accessible by a computer through the University protected network and also requires University login credentials. The information could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from the subject or the legally authorized representative. Government or university staff sometimes review studies such as this one to make sure they are being done safely and legally.

RESEARCH-RELATED HARMS

If your child feels they have been harmed by this research, contact the Principal Investigator, Marco Meucci at 828-262-2935 or meuccim@appstate.edu.

By signing this document, you and your child are not waiving any legal rights that you have to act against Appalachian State University for harm or injury resulting from negligence of the University or its investigators. This consent applies indefinitely for all visits going forward unless your consent is retracted.

PARTICIPANT PERMISSION FORM FOR CHILDREN 12-17 YEARS OLD

What is research?

Research is a way to test new ideas. Research helps us learn new things. Being part of a research study is your choice. We are asking you to join a research study. You can say Yes or No. Whatever you decide is OK.

Why are we doing this research?

In our research study we want to group information about children's fitness.

What will happen in the research?

In order to do this, you are asking you if we can save the results of your tests on a protected computer.

What are the good things that can happen from this research?

What we learn in this research may or may not help you now. When we finish the research, we hope we know more about the fitness of children in our area.

What are the bad things that can happen from this research?

If ever you decide you don't like answering the questions, you can pass and not answer. It is ok if you choose to do this.

What else should you know about the research?

Joining a research study is your choice. You can say Yes or No. Either way is OK.

If you say Yes now and change your mind later that is OK. You can stop being in the research at any time. If you want to stop, please let anybody know at any time.

Take the time you need to make your choice. Ask us any questions you have. You can ask questions any time. If you would like to be in the research, please read this statement and sign your name below:

The researcher has told me about the research study. I had a chance to ask questions. I know I can ask questions or stop at any time. I want to be in the research study.

Printed name of subject

Signature of subject

Date _____

Printed name of parent

Signature of parent

Date _____

Copies to: Researcher
 Subject