Appendix G

**PARENT CONSENT FORM**

UNIVERSITY OF ALABAMA

YOUR CHILD IS BEING ASKED TO PARTICIPATE IN A RESEARCH STUDY.

**Study title:** Evaluation of a Youth Coaching Course’s Effectiveness

**Investigators: Colin Barnes, Sport Pedagogy Doctoral Candidate and Matthew Curtner-Smith, Professor in Department of Kinesiology.**

**Institution: College of Education at the University of Alabama**

**Your child is being asked to take part in a research study.**

This study is called the “Evaluation of a Youth Coaching Course’s Effectiveness.” The study is being done by Mr. Colin Barnes and Dr. Matthew Curtner-Smith, who is a professor in the College of Education at UA.

**What is this study about?**

For two full weeks during your child’s season, their coach and your child’s team will be observed during a few practices and games. The purpose of this research is to determine if the coaching course your coach went to had any effect into their coaching practices.

**Why is this study important?**

The results of this study will help coaches understand the effects of formal coaching education.

**Why has my child been asked to be in this study?**

Your child has been asked to be in this study because he/she is enrolled in the youth club in which his/her soccer coach has accepted to be a participant.

**What will my child be asked to do in this study?**

If you give permission for your child to be in this study and your child agrees to participate, he/she will be asked to do the following:

1. Participate normally during their normal team functions; practices and games.
2. Allow the researcher to video record practices and games of your child in order to observe the coach and outcomes of the team from their instruction.
3. Allow the researcher to take field notes of observations during the practices/games.
4. Possibly participate during very short, informal interviews after practices/games.

**How much time will my child spend in this study?**

Your child will not spend any time other than the time he/she normally spends playing soccer on their team.

**What are the benefits (the good things) that may happen if my child is in this study?**

There will be no direct benefits to your child. However, the information gained from this study may be used to help better prepare coaches in the future.

**What are the risks (dangers or harms) to my child if he/she is in this study?**

There is little to no risk to your child for being in this study. Your child will not be asked to do anything other than what he/she would normally do during their soccer season. The researcher will only observe the children and will limit direct interaction with them, other than to obtain their permission to be in the study and very brief questions after participation with their team.

While observing the class, the researcher will do everything possible to avoid any disruption or distraction to the class.

**How will my child’s privacy and confidentiality be protected?**

As much as possible, the researcher will limit the recording of your child and will mostly focus on the instructors. To protect the confidentiality of your children, fake names will be used in the field notes and in the final research paper. The field notes will be kept in a locked desk in the faculty advisor’s campus office. No one will have access to the notes except the investigator and his faculty advisor. Once the paper is published, all data will be destroyed.

**What are the alternatives to being in this study?**

You may choose to not have your child participate. They will still be a part of their team.

**What are your child’s rights as a participant?**

Taking part in this study is voluntary for your child. It is a free choice. You or your child can refuse to be in it at all. If your child agrees to be in the study, he/she can stop at any time. Your child’s decision to participate will not effect on your child’s relationship with their youth club or The University of Alabama. The decision to take part in the research will have no bearing on one’s treatment in the program.

The University of Alabama Institutional Review Board (“the IRB”) is the committee that protects the rights of people in research studies. The IRB may review study records from time to time to be sure that people in research studies are being treated fairly and that the study is being carried out as planned.

**Who do I contact if I have questions or problems?**

If you have any questions, concerns or complaints about the study later on, please contact the investigator, Colin Barnes at 205-641-3070 or [csbarnes3@crimson.ua.edu](mailto:csbarnes3@crimson.ua.edu) or Matthew Curtner-Smith at [mdsmith@ua.edu](mailto:mdsmith@ua.edu).

If you have questions about your child’s rights as a person in a research study, call Ms. Tanta Myles, the Research Compliance Officer of the University, at 205-348-8461 or toll-free at 1-877-820-3066. You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach website at <http://ovpred.ua.edu/researchcompliance/prco/> or email us at [participantoutreach@ua.edu](mailto:participantoutreach@ua.edu).

Respectfully,

Colin Barnes

Department of Kinesiology, University of Alabama

**You may keep a copy of this consent form for your records.**

**PLEASE return the last page with signatures.**

**You are making a decision about allowing your child to participate in this study. Your signature below indicates that you have read the information provided above and have decided to allow him or her to participate in the study. If you later decide that you wish to withdraw your permission for your child to participate in the study, simply tell us. You may discontinue his or her participation at any time.**

**I consent for my child to participate in this study.**

Please initial: \_\_\_\_\_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no

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**Printed Name of Child Club**

**I understand that part of my child’s participation in this research study will be video recorded. I give my permission to the research team to record my child.**

* **Yes,** my child’s participation in this study can be video recorded.
* **No,** I do not want my participation in this study to be video recorded.

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**Signature of Parent or Legal Guardian Date**

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**Signature of Parent or Legal Guardian Date**

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**Signature of person obtaining consent Date**