Appendix H

**Assent Form for Coaching Course Effectiveness**

Dear Players,

We are doing a study that looks at how much your coach has learned in a coaching education course.

Your family knows we are asking you to be in this study and it is OK with them.

* We will ask you to participate in your team functions, as you normally would.
* We will ask you to allow us to video record you and your team during a few of your practices and games with the majority of the focus on your coach.
* We will also ask you to allow us to observe your practices and games.
* Finally, we might ask to you to participate in some questions after practices or games.

We would like your help with this study. You do not have to be in this study if you do not want to. It is your free choice. If you start the study and then decide that you don’t want to keep going, just let us know. There is no immediate benefit for participation, although you will be helping the coaching educators and coaches around the country. We do not think there are any risks or harm to you in this study.

No one will be able to tell what you said or did in this study. Responses will only be talked about using a fake name, never your real name. If any of the questions we ask make you feel uncomfortable, just let us know. You will not have to answer those questions if you don’t want to.

If you have any questions about this study, you can ask them right now or reach me at 205-641-3070.

If you have decided that you want to be in this study, please sign your name in the space below.

Thank You,

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.**

**I understand what I will do in this study and I agree to participate. Please initial one.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_no**

**I understand that part of my participation in this research study will be video recorded. I give my permission to the research team to record practices and games.**

* **Yes,** my participation in this study can be video and audio recorded.
* **No,** I do not want my participation in this study to be video or audio recorded.

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**Name of Player Date**

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**Person Obtaining Assent Date**