

**INFORMED CONSENT FOR MINORS AND DEPENDENT POPULATIONS
BY PARENT, GUARDIAN AND/OR OTHER APPROPRIATE AUTHORITY
TO PARTICIPATE IN A RESEARCH PROJECT OR EXPERIMENT**

Title of Research Project: An Assessment of Burnout Risk in Junior Rugby

The researcher conducting this project subscribes to the ethics conduct of research and to the protection at all times of the interests, comfort, and safety of participants. This form and the information sheet have been given to you for your own protection and full understanding of the procedures. Your signature on this form will signify that you have received information which describes the procedures, possible risks, and benefits of this research project, that you have received an adequate opportunity to consider the information, and that you voluntarily agree to allow your child/or dependent to participate in the project.

I (name of parent/guardian) _____ am the parent/guardian of (name of child/dependent) _____, and give my consent for his/her participation in the study. I understand that the research project is supervised by: Mr M. Johnson of the Health, Exercise and Sport Science Programme, Southampton Solent University, Southampton.

I certify that I understand the procedures to be used and have fully explained them to (name of child/dependent): _____

In particular, the participant understands the risks (if any) of taking part. The participant also knows that he/she has the right to withdraw from the project at any time. Any complaint about the experiment may be brought to the Faculty Ethics Advisor, Faculty of Business, Sport and Enterprise at Southampton Solent University, Southampton, Hampshire, SO14 0YN.

I may obtain a copy of the results of this study, upon its completion, by contacting:

Tim Lander at 1landt67@solent.ac.uk

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

NAME: (please print)

ADDRESS: (optional) _____

RESEARCHER'S SIGNATURE : _____

Two copies should be completed - one for the participant and one for the researcher