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**Parental Consent Form**

Title: **Assessing knee flexion and extension strength in girls soccer players: reliability, validity and normative data ranges.**

Chief Investigator: ***Dr Matthew Wright***

Researchers: ***Rhiannah McCourt, Sophie Bowes-McManus, Dr Jonathan Taylor, Craig Tears***

Please initial the boxes to indicate your agreement with the corresponding statements.

1 I confirm that I have read and understood the Participant Information Sheet for this study ***[version number and date of the current Cleared PIS]***. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2 I understand that data collected during the study may be looked at by individuals from Teesside University where it is relevant to my taking part in this research. I give permission for these individuals to have access to that data.

3 I understand that my participation is voluntary and that I am free to withdraw at any time (or where appropriate, up to commencement of data analysis [add date]) without giving any reason, without my care or legal rights being affected.

4 I verify that my child is free from the exclusion criteria stated in the Participant Information Sheet for this study

I agree to take part in this study

Name ....................................... Signature.............................

Date .......................

Witness

Name ....................................... Signature............................. Date ..............................