

INFORMED CONSENT FOR PARTICIPATION IN SPORT SCIENCE SUPPORT

This Informed Consent Form consist of the following parts:

1. Information Sheet
2. Athlete Medical Background/Injury Profile
- 3a. Certificate of Assent (for signatures to agree on participation) *for under 21 years old athletes*
- 3b. Certificate of Consent (for signatures to agree on participation) *for under 21 years old athletes*
4. Certificate of Consent (for signatures to agree on participation) for Athletes above 21 years old

Part 1: Information Sheet

Sport Science Support

As part of the National Sports Association's (NSA) approach to training and enhancing performance towards sporting excellence, you may have various sport science support provided to you by the National Youth Sports Institute (NYSI). These provisions will provide coaches with insights into athletes' areas of weaknesses and strengths, thus allowing them to plan and implement an appropriate training programme; or as a tool to measure the progress of the athlete. In partnership with the NSA, NYSI will be providing the sport science support for the NSA's athletes.

The support in the respective areas would include but are not limited to:

Performance Analysis

- Power and movement analysis using wearable motion sensors and high-speed camera systems
- Performance analysis through analogue and / or digital video capture

Sport Physiology

- Anthropometry (e.g. skinfolds, girth and limb length measurements) and fitness assessments (e.g. VO2 max testing on treadmill and / or cycle ergometer).
- Measurements of blood glucose, blood iron, and lactate tests through either finger-prick or salivary biomarkers (e.g. alpha amylase).

Sport Physiotherapy and Strength & Conditioning

- Musculoskeletal screening to determine imbalance (in areas of flexibility, balance, strength) and / or structural abnormalities.
- Implementation of exercise program to address muscle imbalance and tests to inspect the effectiveness of the exercise program.

Sport Psychology

- One-on-one and / or group written and oral interviews on profile and other psychological tests.

Sport Nutrition

- One-on-one and / or group consultations or workshops on proper nutrition (e.g. weight management, dietary strategies for sports performance).



Some tests incorporated into the planned training sessions may require athletes to exercise at or near the extent of capacity and may result in episodes of transient dizziness, nausea, abnormal blood pressure and chest discomfort. As with all sporting activities, there may also be injury risks during these training sessions. The sessions however, will cease if and when the athlete requests to stop, or when coaches and / or sport scientists observe any signs that require the sessions to be terminated. All care will be taken to safeguard athletes from any mental or physical harm as a result of their participation. Prior to the administration of any sport science support, an athlete medical record and injury profile must be completed.

As part of the testing / interview process, results will be recorded; photography and videography of the trial process and procedures may be carried out for analysis and documentation purposes. All photos and videos will be kept with NYSI and viewed in confidentiality by relevant personnel (e.g. NYSI sport scientist, NSA appointed coach and team manager) only.

Consultations with the sport scientists will be recorded in strict confidence. NYSI has the rights to the full disclosure of information but access will only be restricted to specific staff working on related programme / project. All other relevant personnel will be informed on a need-to-know basis with minimal disclosure. Athletes will be informed prior to any consultations of this clause, and any potential disclosures will be made known to the athletes first.

As part of continual learning and sharing of information, NYSI may present the collective group data at conferences and publish in journal publication so that other agencies and institutions may learn and benefit from our findings. All care will be taken to ensure that no personal particulars will be disclosed.

Signing the attached informed consent form indicates your willingness to participate in the above tests / consultations provided by NYSI. Participation in the tests / consultations is strongly encouraged. Further, you can withdraw from the sport science support at any time if you choose to do so.

For any further enquiries, please feel free to contact me at low_cheeyong@nysi.org.sg.

Kind Regards,

Dr Low Chee Yong,

Head, Sport Science

National Youth Sports Institute

Part 2 - Athlete Medical Background/Injury Profile

Please complete the form with your parent/guardian and return it to your NSA appointed coach/ team manager.

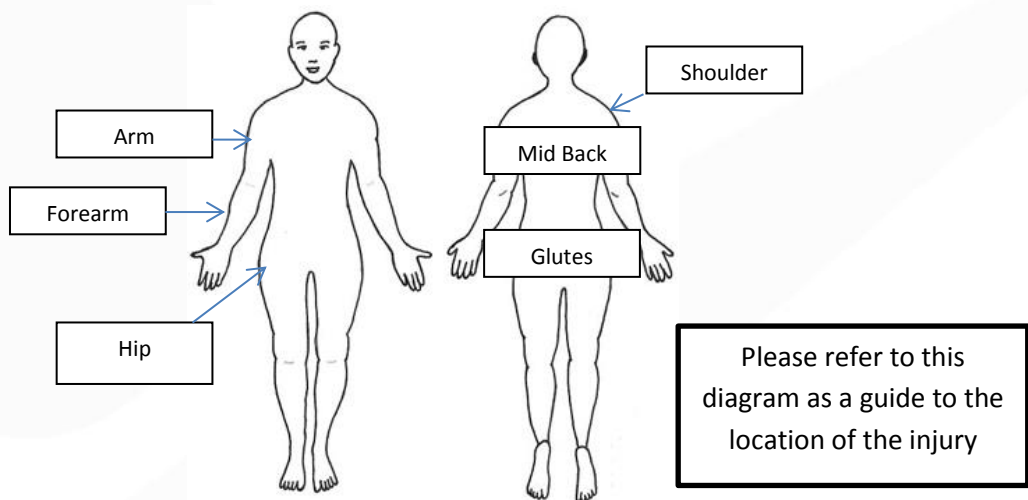
(Note: Information contained in this section will not prevent you from training unless further medical advice warrants exclusion)

Name:	Date of Birth:	Gender (Male/Female)
Sport:		School:

Medical Condition	Yes/No	Special Instructions to note (If yes, to be substantiated with medical information)
Epilepsy		
Periodic Loss of Consciousness		
Heart Condition		
Ear Disorder		
Respiratory Disorder e.g. Asthma		
Allergies e.g. medication, insect bites and stings		
Is your child / ward on regular medication?		
Has your child / ward been specifically told to modify his / her physical activity or exercise participation?		
Other relevant medical information		

Injury Profile Survey

This survey aims to understand and highlight the types of injuries that occur in your sport. Try to answer the questions as best as you can. It will only take about **2** minutes. All information will only be shared among NYSI staff and your coaches / managers.



Sprains refers to an injury to the ligaments (ankle sprain)

Strains refer to an injury to the muscles (hamstring strain etc.)

1. Are you <u>currently</u> injured? If NO, please proceed to Question 2							
If YES , please circle the area you have injured and what kind of injury is it? E.g. ankle, sprain.							
Location of Injuries	Shoulder	Arm	Elbow	Forearm	Wrist	Fingers	
	Gluts	Hip	Thighs	Knee	Shins	Calves	Ankle
	Head	Neck	Ribs	Mid Back	Lower Back	Pelvis	
Types of Injury	Sprain (ligaments)		Strain (Muscles)		Fracture (Bones)		Unsure
Others (Please State)							
1.1 Are you currently able to train? If not, please state how long have you not been training?							
1.2 What did you do after getting injured? If you saw a doctor/physiotherapist, please state what they did/have done for you?							
Doctor	Physiotherapists		Chinese Physicians		Self-treatment		Others (Please state)
Medication	Ice, heat pack, Ultrasound		Exercises		Massage		Acupuncture
Others (Please state)							
1.3 What do you think caused the current injury? Do you think it could have been avoided?							

2. Did you suffer from any injury in the **past 6 months**? If **NO**, please proceed to Question **3.**

If **YES**, please circle the area that was injured and what kind of injury was it? E.g. ankle, sprain.

Location of Injuries	Shoulder	Arm	Elbow	Forearm	Wrist	Fingers		
	Gluts	Hip	Thighs	Knee	Shins	Calves	Ankle	Toes
	Head	Neck	Ribs	Mid Back	Lower Back	Pelvis		
Types of Injury	Sprain (Ligaments)		Strain (Muscles)	Fracture (Bones)	Unsure	Others (please state)		

2.1 Did you have to stop training? And if you did, please state how long were you out from training.

2.2 What did you do when you were injured? If you saw a doctor/physiotherapist, please circle what did they do for you? E.g. Doctor, medication.

Doctor	Physiotherapists	Chinese Physicians	Self-treatment	Others (Please state)	
Medication	Ice, heat pack, Ultrasound	Exercises	Massage	Acupuncture	Others (Please state)

2.3 What do you think caused the injury? Do you think it could have been avoided?

3. To your knowledge, what kinds of injuries do you think are common in your sports?

3.1 Do you think these injuries could have been prevented? What could be done to avoid these injuries?



Part 3a - Certificate of Assent

(For Athletes below 21 Years Old)

I authorise the staff of NYSI to provide sport science support to myself, and allow the use of the information / data collected for future research / education purposes.

I authorise the staff of NYSI to obtain medical assistance, which they deem necessary should an accident occur and I agree to pay all medical expenses incurred.

I submit the attached personal medical information, which includes details of limitations I may have for activities concerned.

I acknowledge that I have been fully informed by the NSA about the activities I will be undergoing and I have had sufficient opportunity to ask questions to my satisfaction.

I am aware that by signing this form, I am consenting to NYSI and its staff to provide sport science support and using the information for the purposes of:

- (a) updating any athlete information databases managed by NYSI or the NSA,
- (b) planning and conducting training sessions and / or rehabilitation programmes and,
- (c) making disclosure, where relevant and necessary, to government agencies, statutory boards, health-care providers, and other parties in order to ensure my safety and well-being.
- (d) continual learning via sharing of anonymised information with other sport science and medicine professionals.

Athlete's Name:
Athlete's Contact Number:

Signature

Date

Part 3b - Certificate of Consent

(For Athletes below 21 Years Old)

I authorise the staff of NYSI to provide sport science support to my child / ward, and allow the use of the information / data collected for future research / education purposes.

I authorise the staff of NYSI to obtain medical assistance which they deem necessary should an accident occur and I agree to pay all medical expenses incurred on behalf of my child / ward.

I submit the attached medical information concerning my child / ward which includes details of limitations that he / she has for activities concerned.

I acknowledge that I have been fully informed by the NSA about the activities my child / ward will be undergoing and I have had sufficient opportunity to ask questions to my satisfaction.

I am aware that by signing this form, I am consenting to NYSI and its staff to provide sport science support and using the information for the purposes of:

- (a) updating any athlete information databases managed by NYSI or the NSA,
- (b) planning and conducting the athlete's training and / or rehabilitation programmes and,
- (c) making disclosure, where relevant and necessary, to government agencies, statutory boards, health-care providers, and other parties in order to ensure the safety and well-being of my child / ward.
- (d) continual learning via sharing of anonymised information with other sport science and medicine professionals.

Doctor's Name:	Parent's / Guardian's Name:
Doctor's Contact Number:	Parent's / Guardian's Contact Number:

Parent's / Guardian's Signature

Date



Part 4 - Certificate of Consent

(For Athletes Above 21 Years Old)

I authorise the staff of NYSI to provide sport science support to myself, and allow the use of the information / data collected for future research / education purposes.

I authorise the staff of NYSI to obtain medical assistance, which they deem necessary should an accident occur and I agree to pay all medical expenses incurred.

I submit the attached personal medical information, which includes details of limitations I may have for activities concerned.

I acknowledge that I have been fully informed by the NSA about the activities I will be undergoing and I have had sufficient opportunity to ask questions to my satisfaction.

I am aware that by signing this form, I am consenting to NYSI and its staff to provide sport science support and using the information for the purposes of:

- (a) updating any athlete information databases managed by NYSI or the NSA,
- (b) planning and conducting training sessions and / or rehabilitation programmes and,
- (c) making disclosure, where relevant and necessary, to government agencies, statutory boards, health-care providers, and other parties in order to ensure my safety and well-being.
- (d) continual learning via sharing of anonymised information with other sport science and medicine professionals.

Doctor's Name:	Name:
Doctor's Contact Number:	Contact Number:

Signature

Date