Singapore Sport Institute
Institutional Review Board Secretariat
Sport Singapore
3 Stadium Drive, Singapore 397630
sport_ssi_research@sport.gov.sg

Principal Investigator: _____
_____ (Office Tel No.) _____ (Mobile Tel No.)
_____ (Email)

[IRB Reference Number: Title of Research Project]

Statement of Informed Consent by Parent / Legal Guardian

I have read and understood the Participant Information Sheet provided, the objectives of the project, the risks involved and the collection/use/disclosure of personal data have been explained to me. Any questions I have asked were answered to my satisfaction.

I, _____(Full Name as in NRIC; last 4 alphanumeric NRIC digits), being the *parent/legal guardian of _____(Full Name as in NRIC; last 4 alphanumeric NRIC digits), ***consent / do not consent** to my *child/ward's participation in the above-mentioned Research Study *(*delete where applicable)*, with the knowledge that my child/ward can withdraw at any time without reason and without prejudice. By participating in this research study, I confirm that I consent to the collection, use and disclosure of my child/ward's personal data for the purposes set out in the Participant Information Sheet.

I agree that my child/ward will be contacted for further consent, including but not limited to changes in the proposed research, serious adverse events that would lead to a change in the proposed research and any other circumstances which are specific to this research study.

(PI to delete where applicable)
I declare that my child/ward's medical clearance is current (within the last 12 months) and that my child/ward has no pre-existing injuries/illness that will make him/her unsuitable for participation in this study.
-OR-
I declare that my child/ward has no pre-existing injuries/illness that will make him/her unsuitable for participation in this study.

Commented [HYTf(1]: For participants (e.g. uncarded athletes, general public) who are unlikely to have routine medical clearance

I understand that all information provided is treated as strictly confidential and will not be released by the scientist unless required by law. I have been advised as to what data will be collected, why they are collected, and what will be done with the data upon completion of the research study; as clearly stated in the Participant Information Sheet. I agree that data gathered for the study may be published provided my child/ward's name and/or other identifying information is not used. Where it is applicable, I agree that my child/ward's data may be re-identified by the research team for the sole purpose of providing feedback to me and/or my coach.

Consent for the Use of Data for Future Research
(PI to delete where applicable)

Data collected during this study will not be stored for future biomedical research.

-OR-

Data collected during this study will be stored in *individually-identifiable/anonymised form (**delete as applicable*), for future biomedical research.

❑ I agree to have my child/ward's data stored for future research in an *individually-identifiable/anonymised form (**delete as applicable*), with the understanding that this would only be done upon approval from the Institutional Review Board or local ethics committee.

Please also check one of these boxes:

- ❑ There are no restrictions on the kind of research that may be done with my child/ward's data.
- ❑ The investigator may use my child/ward's data for future research as long as the research is related to physical activity, health and aging.

❑ No, I do not agree to the use of my child/ward's data for future research.

❑ Please re-seek consent of my child/ward if he/she is of legal age (21 years old) at the time of future research.

Consent to be Contacted for Future Research Opportunities

Occasionally, investigators may have additional follow-on studies that may be of interest to your child/ward. Please indicate if you wish for your child/ward to be contacted for such studies.

- ❑ Yes, I agree to be contacted on behalf of my child/ward for future research that he/she may be eligible for, on the basis that he/she may choose to unsubscribe to this option at any time.
- ❑ No, I do not agree to be contacted for future research.

Consent for re-identification, in the case of Incidental Findings (IF)

An "Incidental Finding" (IF) is a finding during the course of the research study that has potential health or reproductive importance to the research subject, but is unrelated to the purposes, objectives or variables of this study. Please indicate if you wish for your child/ward's data to be re-identified (un-anonymised) in the case that incidental findings are found for your child/ward's data, in the process of this study.

- ❑ Yes, I agree for my child/ward's data to be re-identified in the case of incidental findings.
- ❑ No, I do not agree for my child/ward's data to be re-identified in the case of incidental findings.

If I have any question or concern with regards to the study, I will contact the Principal Investigator (PI) using the contact details listed above. If I want an independent opinion of my child/ward's rights as a participant, or any feedback about this research study, I will contact the SSI-IRB Secretariat via the contact details provided above.

Please provide your signatures in the next page.

Name & Signature of Parent/ Legal Guardian	Date	Contact No.
Name & Signature of Consent Taker	Date	Contact No.

Witness statement (if required)

I certify that:

- ❑ I am **21 years of age** or older, and have **sufficient mental capacity** to understand this form.
- ❑ The study information has been explained to the participant in a **clear manner**, and the participant understands the **risks, benefits, and right to withdraw from this study at any time**, to the best of my knowledge. The participant's consent was given **voluntarily**, without undue influence.

Name & Signature of Witness	Date	Contact No.

Singapore Sport Institute
Institutional Review Board Secretariat
Sport Singapore
3 Stadium Drive, Singapore 397630
sport_ssi_research@sport.gov.sg

Principal Investigator: _____
_____ (Office Tel No.) _____ (Mobile Tel No.)
_____ (Email)

[IRB Reference Number: Title of Research Project]

Statement of Informed Consent by Participants (Under 21 Years of Age)

I, _____(Full Name as in NRIC; last 4 alphanumeric NRIC digits), have read and understood the Participant Information Sheet provided, the objectives of the project, the risks involved and the collection/use/disclosure of personal data have been explained to me. Any questions I have asked were answered to my satisfaction. I agree to participate in this research, with the knowledge that I may withdraw at any time without reason and without prejudice. By participating in this research study, I confirm that I consent to the collection, use and disclosure of my personal data for the purposes set out in the Participant Information Sheet.

I agree that I will be contacted for further consent, including but not limited to changes in the proposed research, serious adverse events that would lead to a change in the proposed research and any other circumstances which is specific to this research study or future research study.

(PI to delete where applicable)
I declare that my medical clearance is current (within the last 12 months) and I have no pre-existing injuries/illness that will make me unsuitable for participation in this study. I declare that I am under 21 years of age on the date of signing (DOB: _____/_____/_____ [DD/MM/YY]).
-OR-
I declare that I have no pre-existing injuries/illness that will make me unsuitable for participation in this study. I declare that I am under 21 years of age on the date of signing (DOB: _____/_____/_____ [DD/MM/YY]).

Commented [HYTf(2]: For participants (e.g. uncarded athletes, general public) who are unlikely to have routine medical clearance

I understand that all information provided is treated as strictly confidential and will not be released by the scientist unless required by law. I have been advised as to what data will be collected, why they are collected, and what will be done with the data upon completion of the research study. I agree that data gathered for the study may be published provided my name and/or other identifying information is not used. Where it is applicable, I agree that my data may be re-identified by the research team for the sole purpose of providing feedback to me and/or my coach.

Consent for the Use of Data for Future Research
(PI to delete where applicable)
Data collected during this study will not be stored for future biomedical research.
-OR-
Data collected during this study will be stored in *individually-identifiable/anonymised form (**delete as applicable*), for future biomedical research.

❑ I agree to have my data stored for future research in an individually-identifiable / anonymised form, with the understanding that this would only be done upon approval from the Institutional Review Board or local ethics committee.

Please also check one of these boxes:

- ❑ There are no restrictions on the kind of research that may be done with my data.
- ❑ The investigator may use my data for future research as long as the research is related to physical activity, health and aging.

❑ No, I do not agree to the use of my data for future research.

Consent to be Contacted for Future Research Opportunities

Occasionally, investigators may have additional follow-on studies that may be of interest to you. Please indicate if you wish to be contacted for such studies.

- ❑ Yes, I agree to be contacted for future research that I may be eligible for on the basis that I may choose to unsubscribe to this option at any time.
- ❑ No, I do not agree to be contacted for future research.

Consent for re-identification, in the case of Incidental Findings (IF)

An "Incidental Finding" (IF) is a finding during the course of the research study that has potential health or reproductive importance to the research subject, but is unrelated to the purposes, objectives or variables of this study. Please indicate if you wish for your data to be re-identified (un-anonymised) in the case that incidental findings are found for your data, in the process of this study.

- ❑ Yes, I agree for my data to be re-identified in the case of incidental findings.
- ❑ No, I do not agree for my data to be re-identified in the case of incidental findings.

If I have any question or concern with regards to the study, I will contact the Principal Investigator (PI) using the contact details listed above. If I want an independent opinion of my rights as a participant, or any feedback about this research study, I will contact the SSI-IRB Secretariat via the contact details provided above.

_____	_____	_____
Name & Signature of Participant	Date	Contact No.
_____	_____	_____
Name & Signature of Consent Taker	Date	Contact No.

Witness statement (if required)

I certify that:

- ❑ I am **21 years of age** or older, and have **sufficient mental capacity** to understand this form.
- ❑ The study information has been explained to the participant in a **clear manner**, and the participant understands the **risks, benefits, and right to withdraw from this study at any time**, to the best of my knowledge. The participant's consent was given **voluntarily**, without undue influence.

_____	_____	_____
Name & Signature of Witness	Date	Contact No.