



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

Sport Scientist: _____
_____ (Office Tel No.) _____ (Mobile Tel No.)
_____ (Email)

[General Informed Consent for Participation in Sport Science Support]

Section 1: Information Sheet

Purpose

Sport science support provides coaches and sport scientists with insights into the strengths and weaknesses of athletes, which allows a more targeted approach to the planning and implementation of training programmes. In this particular servicing support, [...]

(This portion should clearly and accurately describe the rationale(s) behind this servicing/testing in non-technical terms that are easily understandable to the layman.)

Procedures

[...]

(This portion should explain the data collection methodology of this servicing/testing in non-technical terms that are clear to the layman.)

Risks

[...]

(This portion should describe to the participant all the reasonably foreseeable risks, discomforts and inconveniences to the participant, arising from the research. This section must also include the costs that the participant may be expected to incur (e.g. transportation, etc.))

Benefits

(Delete non-applicable paragraph.)

You may reasonably expect to benefit from the participation in this study (*investigation / intervention*) in the following way: (*explain how participant might benefit*)

-OR-

There is no known benefit from participation in this study. However, your participation in this study may add to the (*medical / sport science*) knowledge about the use of this (*investigation / intervention*).



Alternative Treatment (where applicable)

[...]

(This portion should describe appropriate procedures or treatments, if any, which might be substitutes for the intervention proposed by this research study. Do indicate the potential benefits and risks in which the participant will face in taking such alternative treatments. If there is no alternative treatment available or the proposed methodology does not intend to treat any disorder, this section may be omitted.)

Costs & Payments

(Delete non-applicable paragraph.)

There is no cost to you for participating in this research study.

-OR-

You **will not** be reimbursed for your time, inconvenience and transportation costs.

-OR-

You will be reimbursed for your time, inconvenience and transportation costs as follows:

- If you complete the study, you will be paid *(insert amount)*.
- If you do not complete the study for any reason, you will be paid *(insert amount)* / will not be paid.

Confidentiality

Data collected may be analysed and documented to provide the necessary information. Access and disclosure of all forms of data (e.g. videos, photos and reports) will only be restricted to the specific staff working on the related programme or project (e.g. sport scientists working with the athlete, NSA appointed coach and team manager). 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, the sport scientist may use the data/biological materials for future research and present the findings at conferences and journal publications for the growth of the sporting industry. All data will be non-identifiable and no personal particulars will be disclosed. Additional consent will be obtained, if necessary.

Otherwise, all data collected will remain completely confidential and stored for a minimum of 7 years under lock and key and / or encrypted data storage.

(Please ensure that you adhere strictly to the stated clauses in this section. Make known to the athlete that the data may be potentially used in future research, but additional consent will be sought if the data will be used in an individually-identifiable form. Similarly, should biological material be collected,



please state whether a) the biological materials collected will be destroyed, discarded, or b) stored for future biomedical research.)

Occurrence of Injury

(Delete non-applicable paragraph.)

If you are physically injured as a result of taking part in this study, the SSI research team will follow standard first aid protocol and emergency evacuation to the nearest hospital, following the SSI Code Blue guidelines.

-OR-

If you are physically injured as a result of taking part in this study, Singapore Sport Institute will compensate the medical expenses for the treatment of that injury. You will be compensated the following amount (*amount not exceeding "insert amount"*). There are however conditions and limitations to the extent of compensation provided: (*insert list of conditions and limitations, if any*).

Responsibilities

If you agree to participate in this servicing support, you should follow the advice given to you by the research team. You should be prepared to undergo all the procedures that are outlined above.

Withdrawals

Signing the attached informed consent form indicates your willingness to participate in the above sport science servicing or testing. Participation in this servicing support is purely voluntary, and you are free to withdraw from the servicing at any time, without penalty, prejudice, negative consequence, repercussion, or disadvantage. Your decision to withdraw from this servicing will be kept confidential. Upon withdrawal, all data obtained from you and associated with you will be erased and destroyed.



Section 2a: Statement of Informed Consent by Participant (Under 21 Years of Age)

I _____ (Full Name as in NRIC; last 4 alphanumeric NRIC digits), have agreed to participate in this sport science support. I allow the use of the data or information collected for future research or education purposes.

The objectives of the activity and the risks involved have been explained to me, using the Participant Information Sheet attached. Any questions I have asked were answered to my satisfaction. I agree to participate, with the knowledge that I may withdraw at any time without reason and without prejudice.

(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 above 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 below 21 years of age on the date of signing (DOB: ____ / ____ / ____ [DD/MM/YY]).

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 and why they are collected. I am aware that by signing this form, I am giving consent for the sport scientist to provide me with sport science support and use the information collected from me for the purposes of:

1. Updating of any athlete information database managed by SSI or the NSA
2. Planning and implementation of training and/or rehabilitation programmes
3. Making disclosures, where relevant and necessary, to government agencies, statutory boards, health-care providers, and other parties in order to ensure my safety and well-being
4. Continual learning via sharing of anonymised data with other sport science and medicine professionals and/or through conferences and journal publications

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 sport science support, I will contact the sport scientist using the contact details listed above. If I want an independent opinion of my rights regarding use of my data for research, I will contact the SSI-IRB Secretariat via the contact details 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.



Section 2b: Statement of Informed Consent by Parent / Legal Guardian (for Participants Under 21 Years of Age)

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 this sport science support, and allow the use of the data or information collected for future research or education purposes.
(*delete where applicable).

The objectives of the activity and the risks involved have been explained to me, using the Participant Information Sheet attached. Any questions I have asked were answered to my satisfaction. I agree to let my *child/ward participate, with the knowledge that withdrawal can happen at any time without reason and without prejudice.

(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(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 and why they are collected.

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 and why they are collected. I am aware that by signing this form, I am giving consent for the sport scientist to provide my child/ward with sport science support and use the information of my child/ward for the purposes of:

1. Updating of any athlete information database managed by SSI or the NSA
2. Planning and implementation of training and/or rehabilitation programmes
3. Making disclosures, where relevant and necessary, to government agencies, statutory boards, health-care providers, and other parties in order to ensure my safety and well-being
4. Continual learning via sharing of anonymised data with other sport science and medicine professionals and/or through conferences and journal publications

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 they 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 sport science support, I will contact the sport scientist using the contact details listed above. If I want an independent opinion of my child/ward's rights regarding use of my data for research, I will contact the SSI-IRB Secretariat via the contact details above.

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.



Section 3: Statement of Informed Consent (Participant Above 21 Years of Age)

I _____ (Full Name as in NRIC; last 4 alphanumeric NRIC digits), have agreed to participate in this sport science support. I allow the use of the data or information collected for future research or education purposes.

The objectives of the activity and the risks involved have been explained to me, using the Participant Information Sheet attached. Any questions I have asked were answered to my satisfaction. I agree to participate, with the knowledge that I may withdraw at any time without reason and without prejudice.

(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(3)]: 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 and why they are collected. I am aware that by signing this form, I am giving consent for the sport scientist to provide me with sport science support and use the information collected from me for the purposes of:

1. Updating of any athlete information database managed by SSI or the NSA
2. Planning and implementation of training and/or rehabilitation programmes
3. Making disclosures, where relevant and necessary, to government agencies, statutory boards, health-care providers, and other parties in order to ensure my safety and well-being
4. Continual learning via sharing of anonymised data with other sport science and medicine professionals and/or through conferences and journal publications

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 sport science support, I will contact the sport scientist using the contact details listed above. If I want an independent opinion of my rights regarding use of my data for research, I will contact the SSI-IRB Secretariat via the contact details 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.