



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

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**ASSENT OF MINOR
RESEARCH STUDY**

Preventing Lower-Extremity Injuries in Adolescent Soccer Players

Your parents have talked to you about a study of how exercises done before soccer practices and games can prevent injuries.

You have been asked to be in this study because you play on an MSI (Montgomery Soccer Incorporated) soccer team that has an injury prevention program. Because you are a member of the team, your coach will have you do the injury prevention exercises before every practice and game, just like every other team player.

If you chose to be in the study the only three things will change: First, we will ask your parents to help you fill out a short questionnaire about any injuries that you already have. Second, we will ask your coach to tell us if you get an injury that causes you to miss a game or a practice. If the injury is bad enough for you to go to the doctor and to miss 3 or more practices or games, we will ask your parents for permission to see the notes from that doctor's visit. This will help us know exactly what the injury is and what treatment you required. Third, if you choose to be in the study, we will also watch the way you jump and land to see how it changes over time.

It is your choice whether or not you want to be in our study. This study may not help you, but it could help other soccer players in the future. This is because this study will help us know which injury prevention program works best for soccer players your age.

You may change your mind about being in this study even if you have already signed this form. Changing your mind won't affect your relationship with your teammates or coach. It won't affect your playing time, your relationship with the soccer league, the doctors/assistants running the study or anyone else. If you decide to stop being in the study, you should call (or ask your parents to call) Dr. Anthony Beutler at (301) 295-9462 or e-mail abeutler@usuhs.mil

If you want to be in the study, please print your name in the blank and then sign your name and write the date on the lines below. Also please initial and date the bottom of the form where it says "Volunteer's Initials" and "Date." If you do not want to be in the study, do not sign or initial the form.

I _____ would like to be in the research study called "**Preventing Lower-Extremity Injuries in Adolescent Soccer Players.**" I have read the information sheet and all of my questions have been answered.

Child's SIGNATURE

DATE

USUHS IRB APPROVED
JMP 11 Oct. 07
Expires: 10 Oct. 08