

INFORMED CONSENT FORM

Athletes

Project title: *Injury incidence and severity in taekwondo in NSW*

You are invited to participate in an observational study of injuries sustained by taekwondo athletes at NSW State tournaments in 2010. This study will attempt to investigate the safety of the sport, and identify the type and characteristics of injuries with a view to improve safety and injury prevention strategies for all participants of taekwondo.

The study is conducted by Mr Kwok Leung, Mr Jiansen Khio and Ms Shannon Huntley from the Department of Chiropractic, Macquarie University, as part of the requirement for the degree of Master of Chiropractic, under the supervision of Mr Reidar P Lystad and A/Prof Henry Pollard, Department of Chiropractic, Macquarie University.

Contact details:

Reidar P Lystad
rlystad@science.mq.edu.au
0405 846 946

All athletes competing at the Taekwondo Australia (NSW) State level tournaments in 2010 will be invited to participate. This includes adults and children, males and females, elite and novice athletes. Only athletes that require or seek medical attention during the tournament will be interviewed by the researchers. Information that will be gathered will include the anatomical location, type and mechanism of injury. Injured athletes will also be asked whether the injury occurred as a result of violation of competition rules. Injured athletes will also be asked to provide a contact number for follow-up to determine the time taken to return to full activity. This follow-up call should not last longer than two minutes.

If you decide to participate, you are free to withdraw from further participation in the research study at any time without having to give a reason and without consequence. You will be required to bring a signed and completed consent form with you when you arrive to register at tournament.

The data you provide will only be available to the researchers named above. The combined results of de-identified data of the study may be published in peer-review scientific literature or presented at scientific conferences. No individual participant will be identified in any dissemination of the results. Feedback of the combined results of this study will be given to those participants who indicate they want such feedback and supply their email address.

PARTICIPANT'S COPY / INVESTIGATOR'S COPY

I _____ have read and understand the information above and any questions I have asked have been answered to my satisfaction. I agree to participate in this research, knowing that I can withdraw from further participation in the research at any time without consequence. I have been given a copy of this form to keep.

Participant's Name:
(block letters) _____

Participant's Signature: _____ Date:

Parent/Guardian's Signature: _____ Date:
(if participant is under 18 years)

Investigator's Name:
(block letters) _____

Investigator's Signature: _____ Date:

The ethical aspects of this study have been approved by the Macquarie University Ethics Review Committee (Human Research). If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Research Ethics Officer (telephone (02) 9850 7854, fax (02) 9850-8799, email: ethics@mq.edu.au). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

PARTICIPANT'S COPY / INVESTIGATOR'S COPY