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**RESEARCH PROJECT TITLE: Project H<sub>2</sub>gr0w**

**PARENT/CARER CONSENT FORM**

I, ..... [PRINT PARENT'S/CARER'S NAME], consent to my child  
..... [PRINT CHILD'S NAME] participating in this research study.

In giving my consent I state that:

- ✓ I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- ✓ I have read the *Information Statement* and have been able to discuss my child's involvement in the study with the researcher, if I wished to do so.
- ✓ The researchers have answered any questions that I had about the study and I am happy with the answers.
- ✓ I understand that being in this study is completely voluntary and my child does not have to take part. My decision whether to let them take part in the study will not affect our relationship with the researchers or anyone else at Swimming Australia Limited or The University of Sydney now or in the future.
- ✓ I understand that my child can withdraw from the study at any time and that I can request all data regarding my child be redacted upon withdrawal.
- ✓ I understand that personal information about my child that is collected over the course of this study will be stored securely and will only be used for purposes that I have agreed to. I understand that information about my child will only be told to others with my permission, except as required by law.
- ✓ I understand that the results of this study may be published and that publications will not contain my child's name or any identifiable information about my child.

I consent to:

- **Participating in the measurement procedures outlined in the Information Sheet**  
YES  NO
- **My child participating in the measurement procedures outlined in the Information Sheet**  
YES  NO
- **The researchers named on this consent form using data collected from my child in future research, unless I ask the researchers to redact information about my child upon withdrawal. The identity of my child will remain hidden where their data is used in future research.**  
YES  NO
- **Receiving feedback about my child's personal results** YES  NO
- **Being contacted about future studies** YES  NO

**Would you like to receive feedback about the overall results of this study?**

YES  NO

If you answered **YES**, please indicate your preferred form of feedback and address:

Postal: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

**Parent's/carer's signature:**

.....

**Signature**

.....

**PRINT name**

.....

**Date**

If you would like to participate in Project H2grOw, please fill and sign this consent form and return via email as a scanned or photograph (smartphone) image file attachment to [hpu.pathways@swimming.org.au](mailto:hpu.pathways@swimming.org.au). Alternatively, you can submit a signed hardcopy version to the Project H2grOw researchers at the competition.