Parental Permission Form for Participation of a Child in a Research Study
Clemson University
Finding Your Voice: Using Nontraditional Leisure to Foster Physical Activity

Description of the research and your child’s participation

Your child has been invited to participate in a research study conducted by Dr. Denise Anderson and Kellie Walters with the assistance of Clemson University undergraduate students enrolled in a class designed to give them research experience. The purpose of this research is to identify how participating in the Finding Your Voice program impacts your child. The study will focus on specific outcomes including self-efficacy (self-confidence to complete physical activities) and perceptions of gender stereotypes related to physical activities.

If you agree to allow your child to participate in the study, she will be asked to complete two surveys designed to measure each of the outcomes previously mentioned as well as to participate in a group discussion each night of the camp. These surveys will be completed at two separate points throughout the study. The first will be completed immediately prior to the start of the Finding Your Voice program. This measurement will provide a baseline measurement of your child’s self-efficacy and perceptions of gender related to participation in physical activities. The second survey will be completed immediately following the conclusion of the program. The second set of survey data will be compared with the first survey to determine if any significant changes have occurred in your child’s self-efficacy or opinions related to appropriateness of different physical activities for girls and boys following the completion of the Finding Your Voice program. The group discussions will be focused on finding out more about the girls’ experiences with the camp activities.

Each survey will take your child approximately 15 minutes to complete and each group discussion will last 30-45 minutes. Overall, your child will spend no more than two hours either completing surveys or participating in group discussions. Approximately 40 girls ages 11-13 will be asked to participate in the research study.

Risks and discomforts

There are minimal risks associated with this research although some of the survey questions could engender mild psychological reactions to the topic area (e.g., a measurement of self-efficacy). In the group discussion, we will ask your child not to share any information that would be embarrassing if others in the group repeated what was said after the discussion ends. Likewise, we will ask the group to respect the privacy of others taking part in the discussion. They may refuse to answer or leave the discussion at any time if they become uncomfortable.

Potential benefits

Your child may receive minimal benefits from participating in the research study that is a component of the Finding Your Voice program. Benefits from taking part in the research portion of the program may include a greater awareness of their own attitudes and behaviors tied to self-efficacy (perceptions of abilities/confidence) and their perceptions of the types of physical activities that are appropriate for girls and boys. This program is an outcome-based program intended to improve your child’s self-efficacy and to introduce her to a wide variety of physical activities. Potentially, by being involved in the program your child may receive any or all of these outcomes. The program is also intended to increase your
child’s knowledge about such subjects as healthy eating, physical activity, and nontraditional leisure and career pursuits. This increased knowledge is also a potential benefit your child may receive. The research tied to the program may help us to understand the outcomes participants receive by taking part in the Finding Your Voice program. Because this research also serves as part of the evaluation component of the Finding Your Voice program, any feedback we receive will help us to improve the program for the future as well as adding to the body of literature addressing outcome-based programming.

**Protection of confidentiality**

We will do everything we can to protect your child’s identity. All forms with your child’s information will be stored in Dr. Anderson’s office in a locked cabinet. Each participant will be assigned an identification number to verify a parent or guardian has completed a consent form and the participant has completed an assent form. This identification number will ensure that your child’s name is removed from the data collected during the study. Your child’s identity will not be revealed in any publication that might result from this study.

In rare cases, a research study will be evaluated by an oversight agency, such as the Clemson University Institutional Review Board or the federal Office for Human Research Protections, that would require that we share the information we collect from your child. If this happens, the information would only be used to determine if we conducted this study properly and adequately protected your child’s rights as a participant.

**Voluntary participation**

Participation in this research study is voluntary. You may refuse to allow your child to participate or withdraw your child from the study at any time. Your child will not be penalized in any way should you decide to withdraw her from this study or not allow her to participate. Your child will also be required to sign an assent form indicating her willingness to participate in the study. Her participation in the Finding Your Voice program will not be affected at all if either of you choose for her not to participate in the data collection. If you choose to have your child stop taking part in this study, the information your child has already provided will be used in a confidential manner.

**Contact information**

If you have any questions or concerns about this study or if any problems arise, please contact Dr. Denise Anderson at Clemson University at 864.656.5679. If you have any questions or concerns about your child’s rights as a research participant, please contact the Clemson University Institutional Review Board at 864.656.0636.

**Consent**

I have read this parental permission form and have been given the opportunity to ask questions. I give permission for my child to participate in this study.

Parent’s signature: ___________________________ Date: ______________

Child’s Name: _____________________________

A copy of this parental permission form should be given to you.