

PARENTS INFORMATION SHEET

Fernando Sequeira from London Metropolitan University has requested the participation of my son/daughter for a research study to be carried out with Clissold Swimming Club. The study consists on “the effect of resistance strength training in swimming performance”.

I have been informed that the purpose of the study is to strengthen the muscles involved during swimming on the front and breast strokes and see if this affects my child’s swimming times performance. My child’s participation will involve attending regular training sessions for a period of four weeks (2 x weeks) and then either train as normal or train and then perform some supervised training strengthening exercises using an elastic band.

I know that the risks involved to my child from participating in the study are minimal but could cause a little discomfort in the muscles being used and that the possible benefits to the study are an increase of muscle strength and an improvement in swimming performance time.

I can confirm that my child responsibilities are to be as professional as possible and complete what they have been asked for as fully as possible and expecting that they should not increase your swimming training during the period of the study.

I know that London Metropolitan University has supported the study and that I can contact Roger Gossett on r.gossett@londonmet.ac.uk for further information with regards to questions I may have before, during or after the study.

If you do decide that your child can take part, you will be given this information sheet to keep and be asked to sign a consent form and any information collected from them will be strictly confidential, and only available to the research team.

We would like to thank you, in advance, for your contribution.

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Supervisor: Roger Gossett

Email – r.gossett@londonmet.ac.uk

PARENT CONSENT FORM

CONSENT STATEMENT

1. I understand that my son/daughter participation is voluntary and that I may withdraw him/her from the research at any time, without giving any reason.
2. I am aware of what my son/ daughter participation will involve.
3. I understand that there are no risks involved in his/her participation of this study.
4. All questions that I have about the research have been satisfactorily answered.

I agree my son/daughter to participate.

Parent's signature: _____

Parent's name (please print): _____

Tick this box if you would like to receive a summary of the results by e-mail

E-mail: _____

Date: _____