CONSENT FORM

To be completed by the participant or a parent. Additional information to answer the questions is provided below.

| Have you been informed about the test(s) to be carried out? | YES / NO |
|--------------------------------------------------------------------------------------------------------|----------|
| Have you been able to ask questions about the testing procedure(s)? | YES / NO |
| Are you fully aware of any discomfort or risks, which may be associated with the testing procedure(s)? | YES / NO |
| Have you been informed about the medical and emergency support which is available? | YES / NO |

Use of test results

Signed

All information will be treated as confidential and will only be released to a third party with the consent of the participant. All information will be stored in a computer in accordance with the Data Protection Act 2002 and will be used solely for the purposes of supporting athletic development and providing support services.

DECLARATION BY THE PARTICIPANT

I have been fully informed about the testing procedure(s) that will take place and I fully agree to take part in fitness testing. I am aware that I may withdraw from the test(s) at any time without the need for explanation and I will incur the normal charge for participating in the test.

| 99 | - |
|---------------------------------------------------------------------------------------------------------------------------|---|
| Date | |
| | |
| DECLARATION BY THE INVESTIGATOR | |
| I confirm that I have informed the participant of the procedure(s) to be administrated and the participa and voluntarily. | |

All information, related to testing procedures and medical emergency support, is explained to the participants when they arrive for testing. The opportunity will also be provided to ask questions. Unfortunately, minors will be required to have the consent form and health

questionnaire completed by a parent prior to testing. In this instance, we have included information on the test procedures (below) so that the parent can provide informed consent for the test. If a parent has further queries, that are not already covered in the information sheet, they are free to call or e mail William Moore for further information.

E mail wb.moore@ulster.ac.uk

Tel 0044 2890 366028

The tests to be administered on the day include the following:

| The Tests | | Fitness Characteristic |
|-----------|---------------------------|---------------------------------------|
| • | Height, weight | Anthropometric assessment |
| • | Countermovement Jump | Lower body power |
| • | Single leg Press | Single leg strength |
| • | 20 m sprint | Acceleration/speed |
| • | Straight Leg Raise | Single leg hamstring flexibility |
| • | FABER | Flexibility and assessment of groin |
| • | Overhead Squat | Squat pattern and total body mobility |
| • | Stork Stand (eyes closed) | Balance and proprioception |

All tests are maximal and subjects are requested to try their best. There is a minimal risk of injury associated with the tests but there is a slight risk that injury could be incurred. All participants must be free from injury and illness at the time of testing.

Medical and emergency support – there will be trained first aid staff present on the date of testing. These first aid staff will also have access to and are familiar with the use of a defibrillator.