



Make the turnaround.

Sportsmetrics™ Sports Injury Screening Test

INFORMED CONSENT

CONSENT

I understand I will be participating in a Sports Injury Screening Test which will be videotaped for computerized analysis. I have had an opportunity to ask questions and all of my questions have been answered to my satisfaction. This form is being signed voluntarily by me, indicating my agreement to participate in the Sports Injury Test. I do not give up any of my legal rights by signing this consent form. I will receive a copy of this signed and dated consent form.

Printed Name of Participant

Printed Name of Parent or Legal Guardian*

Signature of Participant

Date

Signature of Parent or Legal Guardian*

Date

*By signing this consent form, I verify that I have the legal authority (legal custody) to give permission for this child to participate in the Sports Injury Test.

Results will be mailed to:

Address: _____

City: _____ State: ____ Zip: _____

Daytime phone: _____

Fax: _____

Email: _____

Have you done Sportsmetrics before? Yes No; If yes, when? _____