



Associate Dean (Graduate)
3-103 Van Vliet Centre
Edmonton, Alberta, Canada T6G 2H9
Tel: 780.492-4397
Fax: 780-492.6548

PARENT INFORMATION LETTER and CONSENT FORM

Study Title: Community Recreation Opportunities: Hidden Youth Labour
Research Investigator: Donna Goodwin, PhD
Professor and Associate Dean (Graduate Programs)
Faculty of Physical Education and Recreation, University of Alberta
780-492-4397, donna.goodwin@ualberta.ca

Research Assistants: Kassi Boyd, University of Alberta, boyd@ualberta.ca
Rebecca Marsh, University of Alberta, marsh2@ualberta.ca
Maegan Ciesielski, University of Alberta, mciesiel@ualberta.ca

Background: We invite your daughter or son to be part of a research study. She or he is being asked because of transition to community physical activity programs. Her or his stories are of great interest as they will help us learn about the labour involved in attaining and maintaining an active lifestyle.

We would like to hear your daughter or son's stories if she or he:

- Is between the ages of 14-22 years of age, and
- Has taken part in community physical activity or sport program within the past 24 months.
- Has been living with a spinal cord related impairment for 3 years or more

Purpose: The purpose of this study is to learn about the experiences of the everyday hidden labour faced by youth with impairments as they seek physical activity opportunities. The findings will assist community transition programming at The Steadward Centre and in the community.

Study Procedures: Should you agree to have your daughter or son participate in the study, she or he will complete the following:

- Participant Information Form
- One focus-group interview of 3 to 4 people (approximately 90 minutes)
- Provide a photograph or other visual image that represents an aspect of your experiences
- A follow-up one-on-one interview (approximately 60 minutes)

Each conversation will be audio-recorded. We will type out the tapes. We will return them to you and your daughter or son for verification. We will also keep written notes during the interview. Finally, we will forward a summary of the study findings for you and your daughter and son's review and input. The total time commitment is approximately 3.5 hours (interviews - 2.5 hours, review of transcripts and analysis summary - 1 hr.).

Benefit: There is no direct benefit from being in the study. However, by the sharing of stories your daughter or son is helping professionals in both specialized and community programs. They will better understand the labour involved in locating suitable physical activity programs for youth with impairments. Our aim is to increase the number of families recreating together and the number of youth meeting the Canadian guidelines for physical activity.

Because we value your son or daughter's participation, she or he will receive a gift card at the end of the study. Also, if you incur parking charges, they will be reimbursed.

Risk: There are no physical risks to being involved in the study. Your daughter or son may become tired due to the length of the talks and the topic. We will direct her or him to an appropriate community organization or counseling service if you would like to discuss topics raised further. Your daughter or son can refuse to answer any question asked.

Confidentiality: As she or he will be sharing your experiences within a group, we cannot assume total anonymity. We will request that she or he not speak of information shared within the focus group with others.

We intend to present the research findings at a conference and publish the study in a research journal. We will use direct quotations in the presentations and publications. We will take every step possible to protect your daughter or son's identity and privacy. No names or any other identifiers will appear in public or stored information. Only research team members will have access to the information.

Study data, including personal information will be safely stored (i.e., a locked filing cabinet in a locked office and a password protected computer with non-identifying file names). Five years following the end of the study, the information will be shredded and double deleted from the computer.

We are pleased to give photographer credit for the image you or your daughter or son provides however, this will identify your daughter or son as a participant in the study.

Voluntary Participation: Your daughter or son's participation is voluntary. She or he may refuse to answer any question and ask to have the audio-recorder turned off at any time. Even if your child he agrees to be in the study, s/he can change her/his mind.

Freedom to Withdraw: Your child can withdraw at any time during data collection and up to one week following receipt of the summary of the study findings. There will be no penalty of any sort. If she or he withdraws prior to the one-week time limit, we will destroy all information provided. If your child wishes to withdraw or you feel that your child should withdraw, contact any member of the research team by telephone, email, or in person.

Additional Contacts: If you have concerns about this study, you may contact the Research Ethics Office at 780-492-2615. This office has no direct involvement with this project.

Sincerely,

Donna Goodwin, PhD



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Informed Consent Form

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Research Assistants: Kassi Boyd, University of Alberta, boyd@ualberta.ca
Rebecca Marsh, University of Alberta, marsh2@ualberta.ca
Maegan Ciesielski, University of Alberta, mciesiel@ualberta.ca

To be completed by the research participant:

Table with 3 columns: Question, Yes, No. Contains 8 rows of consent questions regarding understanding, confidentiality, and participation.

Any questions you may have about this study may be directed to Dr. Donna Goodwin at 780 492 4397 [donna.goodwin@ualberta.ca] or Kassi Boyd [boyd@ualberta.ca]

This study was explained to me by: _____

I agree to take part in this study: _____
Signature of Research Participant Date

Print Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator or Designee

Date



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PARTICIPANT INFORMATION LETTER and CONSENT FORM

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This study was explained to me by: _____

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Print Name

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Signature of Investigator or Designee Date