CONSENT FORM
PARENT/CAREGIVER PROGRAM 2

Project Title: The WAVE~Ripples for Change: Obesity Prevention in Active Youth

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1. WHAT IS THE PURPOSE OF THIS FORM?
This form contains information you will need to help you decide whether to be in this research study or not. Please read the form carefully and ask the study team member(s) questions about anything that is not clear.

2. WHY IS THIS RESEARCH STUDY BEING DONE?
The purpose of this research study is to develop and test an obesity prevention and healthy lifestyle program for active teenagers. This study is also a part of a dissertation project. Up to 1,500 parents or caregivers, teenage soccer players and coaches will be invited to join this study.

3. WHY AM I BEING INVITED TO TAKE PART IN THIS STUDY?
You are being invited to join this study because you are a parent or caregiver of a teenage soccer player between the ages of 14 and 19, living in Oregon, and that teenage soccer player lives with you. You are also proficient in English.

4. WHAT WILL HAPPEN IF I TAKE PART IN THIS RESEARCH STUDY?

Study duration: The study will be two years long.

If you and your child agree to join this study, these things will take place:

Your child will:
- Receive printed and/or electronic education materials, such as newsletters about sports nutrition.
• Attend a 1-Day Soccer Style Tournament Camp and award ceremony at Oregon State University the end of study each year for two years (total of 2 times during the 2-year study). Meals will be provided.
• We will measure your child’s height, weight, and body fat composition 3 times (at the beginning of the project, after one year, and at the end of the project).
• We will measure your child’s knowledge about sports nutrition and their confidence in achieving or maintaining healthy lifestyles.
• We will measure your child’s physical activity level (including sleep) using a safe and tested wearable body sensor. This is a small device your child would wear externally. It does not affect movement in anyway. We will monitor physical activity for a week several times during the project. Your child will have access to his or her physical activity data to relate to his or her soccer performance.
• We will ask your child about what kinds of food they usually eat. We would likely ask them to take food surveys on paper or online, or to take part in an interview. We will likely do this multiple times throughout the study, including the beginning and the end of the study. Your child will have access to his or her food intake data to relate to his or her soccer performance.
• We will ask your child to rate this program (for example, how much it motivates him or her and how much they enjoy the program). This may be done individually, or may be done in a discussion group format with other soccer players.

Your child may do this if you and him/her agree to:
• Use his or her smart phone to track physical activity and food intake during the study.

Please write your initials in ONE of the boxes below:

I agree to let my child use his or her smart phone for this purpose.  
I do NOT agree to let my child use his or her smart phone for this purpose.

Communication: We may communicate with your child about the study in the following ways if you and your child agree. Please circle each of the following methods of communication are okay for us to use with your child:

• Emailing your child
• Texting to your child’s cell phone
• Calling your child on their cell phone
• Calling you on your landline

You (the Parent/Caregiver) will:
• Receive printed and/or electronic education materials, such as newsletters about sports nutrition.
• Asked to fill out a family information form at the beginning and the end of the study.
- Be asked to complete surveys about your food intake and physical activity.
- Be asked to comment on your child’s improvements in nutrition and physical activity, provide us feedback on the newsletters at the end of the study each year.

**Recordings and photographs:** Tape recordings, video recordings and/or photographs may be made of you and/or your child during the study. The types of activities that may be photographed and audio or video recorded include: face-to-face activities (including booster lessons), virtual world interactions, 1-Day Soccer Camp and award ceremony. You can decide not to be recorded or photographed and still join the study. Please let us know below.

Please write your initials in **ONE** of the boxes below:

- My child and I may **be** audio recorded, video recorded, and/or photographed.
- My child and I may **NOT** be audio video recorded, and/or photographed.

**Storage and Future use of data:** We will keep all paper copies of study data in a locking file cabinet in at Oregon State University. All electronic data will be stored on study computers. All electronic data will be password-protected. Only the study team will have access to these items. In addition, once the study is over, any identifying information that links specific data to you will be deleted. As result, at that time there will be no way to know which data was yours nor a way to remove the now unidentifiable data from storage.

If it is okay to use your and/or your child’s data to answer future questions, please let us know below. Future use of your information will be limited to studies about sports, health, and technology. The study director, Dr. Siew Sun Wong, will take your data out of our files if you change your mind. Her phone contact is (541) 737-5855 and her email address is Siewsun.wong@oregonstate.edu.

Please write your initials in **ONE** of the boxes below:

- You may store my and my child’s information to use in future studies.
- You may NOT store my or my child's information to use in future studies.

**Future contact:** We may contact you in the future for another similar study. You may ask us to stop contacting you at any time.

**Study Results:** We will share with your child his or her height, weight, and body fat composition data, and their physical activity and eating patterns. We will share aggregated study results on our project website.
5. WHAT ARE THE RISKS AND POSSIBLE DISCOMFORTS OF THIS STUDY?

The only risk of being in this study is that we could accidently disclose information that identifies you or your child. However, we will take great care to make sure that does not occur. The research team will be trained to protect all participants’ confidentiality.

Parents or caregivers are responsible for providing transportation to the 4-H Youth Development Soccer Camp at OSU. Therefore no risk insurance will be provided for transportation.

The security and confidentiality of information collected from you and your online cannot be guaranteed. Confidentiality will be kept to the extent permitted by the technology being used. Information collected online can be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses.

6. WHAT HAPPENS IF MY CHILD IS INJURED?

Oregon State University and The United State Department of Agriculture have no program to pay for research-related injuries. If you or your child is injured as the direct result of this research study, if appropriate, we will refer you or your child for treatment. You or your insurance company will be responsible for the cost of this treatment. Please contact Dr. Siew Sun Wong at 541-737-5855 if you believe you and your child have been injured as a direct result of this study.

7. WHAT ARE THE BENEFITS OF THIS STUDY?

You may gain knowledge and skills about sports nutrition and ways to promote healthy lifestyles for you and your child. The study may positively impact your child’s sports performance.

8. WILL I BE PAID FOR BEING IN THIS STUDY?

Neither you nor your child will not be paid for being in this research study. Your child will have the opportunity to receive gifts valued between $20 and $30 based upon the total points they accumulate for their soccer team. Your child will be able to earn points by completing program activities.

9. WHO IS PAYING FOR THIS STUDY?

The National Institute of Food and Agriculture is paying for this research project. The project is being done by Oregon State University.

10. WHO WILL SEE THE INFORMATION I GIVE?

Your information and your child’s information from this study will be kept private to the level allowed by law. Research records will be stored securely and only researchers will have access to the records. Federal regulatory agencies, the Oregon State University Institutional Review Board (a committee that reviews studies), and the National Institute of Food and Agriculture may inspect and copy records from this research. Some of these records could contain your information. Your and your child’s identity as well as the name
of their school and soccer team will not be made public if the results of this project are published.

To help ensure confidentiality, we will use a different ID code for each participant on all forms, manage digital files in password-protected computers, and store all hardcopy data in safely locked areas.

11. WHAT OTHER CHOICES DO I HAVE IF I DO NOT TAKE PART IN THIS STUDY?
Participation in this study is completely voluntary. Choosing not to participate will not affect your or your child's participation in their soccer team. If you take part in the study, you are free to withdraw at any time without penalty. If you choose to leave the project before it ends, the study team may keep information about you to include in study reports.

12. WHO DO I CONTACT IF I HAVE QUESTIONS?
If you have any questions about this research project, please contact: Dr. Siew Sun Wong at 541-737-5855 or Siewsun.wong@oregonstate.edu.

If you have questions about your rights or welfare as a participant, please contact the Oregon State University Institutional Review Board (IRB) Office, at (541) 737-8008 or by email at IRB@oregonstate.edu

13. ASSENT STATEMENT
We will explain this study to your child in a way your child can understand. This will occur at a soccer practice or an information session. Your child will be encouraged to ask questions about the study at any time.

14. WHAT DOES MY SIGNATURE ON THIS CONSENT FORM MEAN?
Your signature indicates that this study has been explained to you, that your questions have been answered, and that you agree to join this study. You will receive a copy of this form. It also indicates that you are legally authorized to give consent for your child to participate in research. You also need to indicate if you want your child to participate in the study as well.

Please write your initials in ONE of the boxes below:

☐ I give permission for my child______________ (name of child) to join this study.

☐ I do NOT give permission for my child______________ (name of child) to join this study.

Do not sign after the expiration date:

Participant’s Name (printed): ____________________________________________
__________________________  ____________________________