



CONSENT FORM

(Athlete must sign in order for data to be included in research study)

I agree to participate in the research titled "**World ParaVolley Injury and Illness Surveillance Program**", which is being conducted by the Scientific Research Commission of World ParaVolley (WPV).

I understand that my participation is voluntary; I can withdraw my consent at any time and have the results of the participation, to the extent that it can be identified as mine, returned to me, removed from the research record, or destroyed.

I understand that:

1. The World ParaVolley Injury and Illness Surveillance Program is a long-term project designed to learn about injuries and illnesses that occur among athletes participating in our International Federation Events.
2. The Surveillance Program data collected during World ParaVolley competitions aims at providing information about the nature of injuries in Sitting Volleyball/Beach ParaVolley, factors related to those injuries, and directions for injury prevention.
3. My participation in this research will benefit and help develop the sport and prevent injuries in Sitting Volleyball/Beach ParaVolley.
4. Should an injury occur during a match, or training prior to the match, the World ParaVolley Injury and Illness Form will be completed by my Healthcare Personnel (team doctor, therapist or host medical staff) as soon as possible following the conclusion of the match. Before the next match (or within six hours after my team's last match of the competition) the completed form will be placed in a confidential sealed envelope and handed to the Jury Member.
5. Athletes are encouraged to report any injuries or illnesses that are identified outside of matches within the timeframe of the Competition to their health care personnel (team doctor, therapist, or host medical staff). If necessary they will be recorded on additional Injury forms and submitted to the WPV Jury Member before the next match for the attention of World ParaVolley Injury & Illness Surveillance Program.
6. Participating in this research will not result in additional stress, risk or obligations.
7. I understand all World ParaVolley Injury and Illness Forms will remain confidential and be safely stored after the Competition. All reports and information will be will be written and recorded to ensure that neither my team nor myself can be identified. All results will be anonymous in publications and conference presentations.
8. The Chair of World ParaVolley Scientific Research Commission will answer any further questions you may have. (research@worldparavolley.org).

Name of Participant (printed clearly)

Signature of the Participant

Date