

# **INFORMED CONSENT FORM**

## **Parental consent form**

### **Official Study Title:**

Determination of the Degree of Dynamic Stability of the Foot in Single-leg Support in Relation to the Foot Posture Index in Judokas

**NCT Number:** *To be assigned*

**Document Date:** January 26, 2023

### **Ethics Committee Approval:**

Catholic University of Valencia San Vicente Mártir  
Protocol Code: UCV/2022-2023/111

### **Principal Investigator:**

Juan Carlos Parada Souto  
Catholic University of Valencia San Vicente Mártir  
Faculty of Medicine and Health Sciences  
Valencia, Spain

## **PARENTAL CONSENT FORM FOR MINOR PARTICIPATION**

Study Title: Determination of the degree of dynamic stability of the foot in single-leg support in relation to the Foot Posture Index in judokas

Ethics Committee Approval: Catholic University of Valencia, Protocol UCV/2022-2023/111

I, \_\_\_\_\_ (name of parent/legal guardian),  
with ID number \_\_\_\_\_, in my capacity as  
father/mother/legal guardian of \_\_\_\_\_ (name of  
minor),

declare that I have received from Juan Carlos Parada Souto clear information to my complete satisfaction about the study entitled "Determination of the degree of dynamic stability of the foot in single-leg support in relation to the Foot Posture Index in judokas" (Code UCV/2022-2023/111), whose Principal Investigator from the Catholic University of Valencia San Vicente Mártir is Juan Carlos Parada Souto, and in which I voluntarily consent to the participation of my child or ward.

All data will be coded and processed in accordance with applicable data protection regulations and the approval of the Research Ethics Committee of the Catholic University of Valencia.

**I DECLARE that:**

I have read the Information Sheet for Participants about the study:

Yes ☐ No ☐

I have been provided with a copy of the Information Sheet and a copy of this Informed Consent Form, dated and signed:

Yes ☐ No ☐

I have had sufficient time and opportunity to ask questions and raise concerns:

Yes ☐ No ☐

All my questions have been answered to my complete satisfaction:

Yes ☐ No ☐

I agree that the research team may contact me at a later time to continue with this study, if necessary:

Yes ☐ No ☐

I agree that the research team may consult my child's or ward's medical records that are relevant to the study:

Yes ☐ No ☐

I have been assured that my child's data confidentiality will be maintained:

Yes ☐ No ☐

I provide this consent voluntarily and understand that I am free to withdraw my child or ward from the study at any time, for any reason, without any negative effect on him/her or impact on his/her medical care:

Yes ☐ No ☐

**I CONSENT:**

For my child or ward to participate in the proposed study:

Yes ☐ No ☐

For the storage of his/her personal data in the location and under the conditions indicated in the participant information sheet:

Yes ☐ No ☐

To allow the use of his/her personal data for future research related to this study:

Yes ☐ No ☐

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Name and surname of parent/legal guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Name and surname of principal investigator:

Juan Carlos Parada Souto

Signature: \_\_\_\_\_

I, Juan Carlos Parada Souto, with ID 48116285D, certify that I have explained the characteristics and objective of the study, its risks and potential benefits to the minor's legal guardian, that the minor has been informed according to his/her capacities, and that there is no opposition on his/her part. The legal guardian provides consent through his/her dated signature on this document.

Date: \_\_\_\_\_

Name and surname of person obtaining consent: \_\_\_\_\_

Signature: \_\_\_\_\_

### **REVOCATION OF CONSENT**

I, \_\_\_\_\_ (name of parent/legal guardian),

with ID number \_\_\_\_\_,

hereby revoke the consent provided on \_\_\_\_\_ (date) for my child's or ward's participation in the study "Determination of the degree of dynamic stability of the foot in single-leg support in relation to the Foot Posture Index in judokas," and I terminate it as of today, without having to provide explanations and without this affecting his/her medical care.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Name and surname of parent/legal guardian: \_\_\_\_\_

Signature: \_\_\_\_\_