



Informed Consent

Please note: If you are reading this form to decide whether your child should participate in Sportsmetrics™, the term “you” refers to your child.

INTRODUCTION

Before agreeing to participate in testing and training, it is important that you read and understand the following explanation. At your first visit you will be asked to read and sign this consent form if you wish to participate, and you must be under the care of a physician, or have had a physical examination by your primary care physician within the past year. In order to undergo the test and to begin training, you must be pain-free and have full range of knee motion, no ankle or knee instability and no joint swelling.

First Sports Injury Testing

The Sports Injury Test will be performed before and then again after completion of the training program. The first Sports Injury Test will be performed to determine if you qualify to participate in training by evaluating your general medical history and by assessing your strength and flexibility, speed and agility, general coordination skills, and your jumping and landing technique. These assessments will be made by using various physical exercise techniques which the testing personnel will discuss and demonstrate for you. The first week of the program will be dedicated to testing and introduction of exercise drills.

Sportsmetrics™ Training

The Training Program will be conducted 3 days per week one hour per day.

The training program includes the following components:

- **The Dynamic Warm-Up** will include various exercises to physically prepare your body for training. This warm-up will prepare you for training by raising your body temperature, increasing blood flow to your muscles, and improving your flexibility, balance and coordination.
- **Plyometric Training** focuses on correct jumping technique and is divided into three two-week phases. Each two-week phase has a different training focus and the exercises change with each two-week phase. The goal of jump training is to develop muscle control and strength for reducing the risk of knee injury and to increase jump height by performing various jumps and hops which will increase in complexity with each two-week phase.
- **Strength Training** will emphasize body alignment and form, while performing a structured strength-training program. The goal of strength training is to improve your overall muscle efficiency.
- **Flexibility Training** will require stretching through a complete range of motion to decrease injury and post-training soreness.

The Trainers will discuss and demonstrate each exercise or drill to be performed during the Dynamic Warm-Up, Jump Training, Strength Training and Flexibility Training.



Second Sports Injury Test

After completing the Sportsmetrics™ Training Program, a second Sports Injury Test will be performed. The second Sports Injury Test will be performed to determine the effect of the Training Program on your strength and flexibility, general coordination skills and your jumping and landing techniques. The results of the two Sports Injury Tests and the training program will be given to you and fully explained.

RISKS, EXPERIENCE, BENEFITS AND PRECAUTIONS

The Sports Injury Test and Sportsmetrics™ Training Program may involve the following risks and/or discomforts:

Injury to the lower extremity

The training program is rigorous and includes double and single-leg jumping exercises and resistance exercises. Potential injuries include, but are not limited to, muscle strains and ligament sprains. These injuries are the same as those that can happen during any sports activities that involve jumping, pivoting, cutting and lifting. The training program is done under the supervision of certified personnel who will conduct all of the training sessions. If you experience any unusual pain, you should notify the certified personnel immediately. You will receive a medical evaluation by an orthopedic surgeon as soon as possible at no cost to you if you sustain an injury during testing or training.

Generalized muscle pain

You may have generalized muscle soreness or stiffness as a result of the testing and training. You should notify the certified personnel if you experience significant muscle pain or stiffness.

UNFORESEEN RISKS

There may be risks from participating in this training that are unknown.

BENEFITS

The benefits of the Sports Injury Test include an assessment of your knee and leg muscular strength, power, flexibility, coordination, and jumping/landing technique. This test may allow for the identification of any deficiencies that could place you at an increased risk for a knee injury. There is no guarantee of benefit from participating in Sportsmetrics™ training.



CONFIDENTIALITY

Records involving your participation in testing and training will be held confidential to the extent allowed by law and will not be released to the general public. Aggregate results may be published, but your name will not appear in any report or publication.

INJURY PROCEDURE

You may be injured as a result of your participation in the Sports Injury Test and Sportsmetrics™ training. Orthopaedic Associates of Zanesville staff will evaluate and immediately treat any unwanted conditions that could occur during testing or training. If you are injured during testing or training, you will be examined by a Physician or Physician Assistant, as soon as possible.

LIABILITY RELEASE:

By signing this document, you 1) expressly represent that you are in good health and are capable of full participation in rigorous physical activity; 2) agree to assume all risk of personal injury while attending and participating in this program; and 3) are acting for yourself, your heirs, personal representatives, and assigns, you release Orthopaedic Associates of Zanesville and Sports Medicine Zanesville and any of its staff from any loss or liability whatsoever for any accident or injury, fatal or otherwise, which may result directly or indirectly from your involvement with this program.

FINANCIAL POLICY:

It is the policy that payment arrangements for participation be made at or prior to time of signing this document. If during the course of this program you must terminate your participation due to injury or illness, with written documentation from a licensed physician stating that you can no longer participate at that time, you will receive a prorated refund against sessions not already attended prior to the reason for termination. Missed sessions due to non-medical reasons cannot be made up and will not be refunded.

PHOTOGRAPH RELEASE:

Your photographs may be published or utilized by Orthopaedic Associates of Zanesville, Cincinnati Sportsmedicine Research and Education Foundation and Cincinnati Sportsmedicine and Orthopaedic Center for educational, promotional or informational purposes. Your photographs may also be used by other news media with the knowledge and permission of Cincinnati Sportsmedicine Research and Education Foundation and Cincinnati Sportsmedicine and Orthopaedic Center. **Your Identification will not be released with the photographs.**



CONSENT

I have read and understand the preceding information. 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 or Sportsmetrics™ training. 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 and Sportsmetrics™ training.

REGISTRATION FOR SPORTSMETRICS™

Address: _____ City: _____ State: ____ Zip: _____

Daytime phone: _____ Email: _____

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

FEES: \$150/athlete

Payment info: Check (enclosed; made payable to Orthopaedic Associate of Zanesville)

American Express Discover Visa MasterCard

Card #: _____ Exp. Date: _____

Name on Card: _____

Signature: _____ Phone #: _____