



Please check Vigour session that applies:

- Vigour – Spring Session – April 3 – June 9, 2017
- Vigour – Summer Session – July 4 – Aug 25, 2017
- Vigour – Fall Session – Sept 11 – Nov. 17, 2017

Informed Consent of Physiological Assessments

In order to assess physiological function(s) the following test will be performed:

Anthropometry Measurements – Height, Weight, Wingspan

Anaerobic Function – Short duration explosive power via 40 m sprint & vertical jump & T-Test will be assessed. These tests require high intensity/maximal short duration exertion to determine peak power and anaerobic capacity and agility

Aerobic Capacity – Maximal aerobic output will be assessed via the Beep Test.

Strength - Max Upper Body Strength via Maximum Push Ups Test

- Tests will be administered by qualified personnel.
- Results will be treated in a confidential manner and used only to describe group responses in any published work. Each individual’s results will be given to them and the coaching staff.
- While it is highly unlikely that a participant should be injured or taken ill during a testing session, testing personnel are trained in emergency procedures.
- All testing activity will be completed in the vicinity of medical and/or paramedical assistance.
- The maximal exercise loads imposed will not exceed those that might be expected of an athlete during sports performance.

I have read the above and agree to participate in this fitness appraisal at my own risk. I regularly take part in strenuous physical activity at least as intense as these tests. I realize that I may expect a thorough explanation and/or demonstration of any procedures and that I may terminate my participation at any time. I also realize that if any change occurs in my health during the season that may place me at risk by performing this test, I will inform the testers and coaches beforehand.

Having voluntarily assumed participation and the risks thereof, in the fitness assessment, I hereby disclaim and release Engage Sport North, its agents, servants or employees, including all personnel involved in the fitness appraisal, from any and all liability that might otherwise arise as a result of my participation as a subject in this fitness appraisal.

PLEASE NOTIFY LAB STAFF OF ANY MEDICAL ISSUES WHICH HAVE NOT BEEN IDENTIFIED ON THE PAR-Q: _____

ATHLETE’S NAME: _____ **DATE:** _____

ATHLETE’S SIGNATURE: _____

WITNESS NAME: _____ **DATE:** _____

WITNESS SIGNATURE: _____

I, the undersigned guardian, am guardian of the intended subject. I have discussed the experimentation with the subject and have read the material supplied by the experimenters. I agree on behalf of the subject to permit his/her participation on the terms and subject to the waiver and release of Engage Sport North herein before set out.

GUARDIAN'S NAME (If Athlete under 18 years of age): _____ **DATE:** _____

GUARDIAN'S SIGNATURE: _____