THE COLLEGE OF NEW JERSEY
CHILD ASSENT FOR PARTICIPATION IN A RESEARCH PROJECT

Study Title:  Teen Fitness: A Partnership between School Nurses and Physical Education Teachers

I understand that I am being asked to participate in a research project that is designed to learn more about the effects of regular physical activity on health and fitness in teenagers. Researchers from The College of New Jersey will perform this study along with physical education teachers and school nurses at Hillsborough High School. About 30 boys and girls will participate in this program. I know that a school nurse suggested that I learn more about this afterschool fitness program.

I know that I will be asked to participate in an 8 week after-school fitness program two or three days per week (about 60 minutes each class). Each class will typically include warm-up activities, strength training exercises, aerobic activities, fitness skills and cool-down stretches. I will also be asked to keep a daily log of all structured fitness activities.

Before and after the study period, researchers will measure my height, weight and waist circumference. I will also be asked to perform different fitness tests to measure my aerobic fitness, muscular strength, jumping ability, and flexibility. The same tests will be repeated at the end of the 8 week training period. In addition, at the end of the study I will be asked to complete a questionnaire regarding my thoughts on the fitness program. Physical education teachers, school nurses and/or fitness professionals will be involved with all study procedures.

I understand that it is up to me if I want to participate in this study and I know that I may stop at any time. If I do not want to participate in this project, I know that I can still take part in all classes, sports, and fitness activities at Hillsborough High School. The school nurses, physical education teachers and fitness instructors will not tell anyone my test results. I understand that my muscles may feel sore after the fitness tests or exercise classes, but this feeling should go away with rest or an easy activity such as walking. If I want to leave the program, I can tell Avery Faigenbaum or any physical education teacher or school nurse at any time. I understand that the researchers will also ask my parents if I can participate in this project. If I have any questions about this project, I know that I may contact Avery Faigenbaum at 609-771-2151.

I HAVE READ THIS FORM. MY QUESTIONS HAVE BEEN ANSWERED. I AGREE TO PARTICIPATE IN THIS RESEARCH STUDY.

___________________________  __________________________________________
Signature of child, Date                  Printed name of child, Date

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Signature of Researcher, Date

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