

Approval Date: _____

Expiration Date: _____

Social Science Institutional Review Board

Parental Consent
The Pennsylvania State University

Title of Project: Youth Participation Study
Persons in Charge: Dr. Daniel Perkins – Pennsylvania
Dr. Lynne Borden – Arizona
Dr Stephen Russell – Arizona

Dear Parent/Legal Guardian:

Your child is being asked to take part in a research study that examines middle and high school youth's participation in structured activities during the out-of-school hours. The study is being conducted by researchers at two institutions: Penn State University and University of Arizona. On behalf of those researchers, I am asking that you permit your child to complete an on-line survey. The survey should take approximately 20 minutes of your child's time to complete.

This study focuses on youth participation in organized activities, such as: Band, debate team, school sports, community sports, community choral society, 4-H club, etc. Specifically, we are asking youth to complete an on-line survey about their participation in these activities. The survey is completed on-line. It asks youth about how they made their decisions to join certain activities and not join or quit other activities, what they do in those activities, and what they get from being involved in those activities.

- Whether or not you allow your young person to participate in this survey is your decision.
- Your young person can decide if he/she wants to participate. Young people will also be given the option to refuse to answer any of the questions or withdraw at any time.
- If you allow your child to participate, he/she will take part in a 20-minute on-line survey to provide us with an understanding of his or her participation in structured activities during the out-of-school hours.
- No names or identifying information will be collected on these surveys, nor will there be any identifying information in the report. We want to protect your young person's privacy.
- Once a survey is completed the data are immediately transferred to a secure password-protected server at Penn State University. Your child's anonymity will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties. The data will be destroyed ten years after the project has been completed. Access to the electronic data files will only be accessible by the researchers and their assistants.
- There are no known risks or direct benefits to those who participate in this study.

If you do not wish for your child to participate in this study, please notify _____ (Name of school principal or Librarian) at _____ (telephone number). If you have any questions, or need any additional information, please feel free to call one of the researchers: Dr. Perkins at 814-863-1688; Dr. Lynne Borden 520-621-1063; Dr. Stephen Russell 520-621-1231. You may also call or write The Pennsylvania State University's Office of Research Protections if you have any questions about your rights. The Office's phone number is 814-865-1775 and their address is 212 Kern Graduate Building, The Pennsylvania State University, University Park, PA, 16802.