

Movement Screen Consent

The gymSAFE movement screen is specifically designed to assess gymnasts' risk for injury and to also help prevent injuries and conditions commonly associated with gymnasts.

Participation is entirely voluntary. Your child will be asked to perform common gymnastic movements while evaluators use the gymSAFE movement screen to assess her movement.

After the assessment you and your child will receive a written report of the results of your child's gymSAFE screen. The results will be explained to you by the evaluator. The associated risks are those inherent in normal athletic activity. You are encouraged to ask questions of the screening staff if you do not understand the risks or the procedures to be performed.

In addition, the data collected from this screen will help produce a reliable and valid tool for the prevention of injuries & conditions that female gymnasts commonly experience. There are no experimental procedures for this data collection. The data and images collected for the study may be shown at scientific meetings and journals.

Please understand your child's participation is voluntary and your child has the right to withdraw her assent or discontinue participation at any time without penalty or loss of benefits to which she is otherwise entitled. Your information in pooled form will be used for research, educational, and statistical purposes so long as the data does not personally identify your child.

Questions, Concerns, or Complaints: If you have any questions, concerns or complaints about the gymSAFE screen, its procedures, risks and benefits, you should contact gymSAFE at info@discovergymsafe.org. While not likely, some discomfort may occur while performing the gymSAFE screen movements. My signature / yes indicates that I understand the above.

Participant Information

Gymnast's name

Parent/Guardian:

Image/Video, Results Sharing & Screening Policy

I hereby consent for my child's image/video resulting from this screen to be used as part of any advertisement, research, or any other publication related to the gymSAFE screen. I understand that images/video will not be linked to any personally identifiable information without further express consent of the participant's guardian(s).

I hereby give consent to share the results of my child's individual gymSAFE movement screen with my child's coaches and gym.

gymSAFE Cancellation, No-Show & Payment Policy

This policy applies specifically to scheduled gymSAFE movement screening events and appointments. It does not incorporate cancellation, no-show, or payment policies for unrelated services.

Cancellation & Refunds:

gymSAFE has a strict 24-hour cancellation policy. The full gymSAFE screening fee is non-refundable for all no-shows and cancellations made with less than 24 hours' notice. Cancellations received at least 24 hours before the participant's scheduled screening time are eligible for a refund.

Cancellation Notice:

All cancellations must be communicated directly to the gymSAFE screening provider using the contact information provided for the event. Notification to the host gym, coach, or other gym staff does not constitute notice of cancellation. A participant will be considered a no-show if the gymSAFE screening provider does not receive notice of cancellation prior to the participant's scheduled screening time.

Payment:

Payment for the gymSAFE screen is due in full one week (7 calendar days) prior to the scheduled screening event. If payment is not received by the deadline, the participant's screening time may be released and made available to another participant.

Cancellation / No-Show / Payment Acknowledgment

I have read and agree to the gymSAFE cancellation, no-show, and payment policy above,
including the 24-hour cancellation requirement, direct-notification requirement, and
7-day payment deadline. Initials:

Consent & Acknowledgment

By signing below, I confirm that I have read and understand the gymSAFE movement screen consent, the image/video and results-sharing consent, and the gymSAFE cancellation, no-show, and payment policy contained in this document.

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian

Gymnast's Name

For screening administration (optional)

Gym / screening location:

Screening date: