Consent Form

1. Study title: Videotape Feedback and Self-controlled Learning

2. Performance sites: Reid Gymnasium 201

3. Investigators: Dr. Justin Menickelli (828) 227-3555

4. Purpose of study: To investigate the effects of self-controlled videotape feedback on motor skill learning.

5. Participant inclusion: This study will include 48 volunteers from WCU Sport Management and Physical Education classes

6. Participant exclusions a. Females

 b. Anyone who does not wish to participate

c. Physical disability

d. Anyone not at least 18 years of age

7. Description of study: The purpose of this research is to evaluate the effectiveness of videotape as a form of augmented feedback on learning to perform a forehand throw using a standard flying disc. Subjects will complete 3 practice sessions, (70 trials divided into 7 trial blocks of 10 trails per block), separated by a 1 day interval, then a 20 trial retention and transfer test 48 hours later. Subjects will be asked to review videotape replays of their performances and comment on your thoughts during the sessions.

8. Benefits: The results may help clarify the best methods for performing the skills.

9. Risks: No risks beyond those normally associated with the performing the skill.

10. Alternatives: This study does not include an alternative different protocol or treatment

11. Removal: At the end of the two week period, participants have fulfilled their requirements.

12. Right to refuse: You may choose not to participate at any time.

13. Privacy: Your name will not be published with the results of this study. All video/audio tapes will be kept locked at all times and destroyed after a period of one year.

14. Release of information: There is no need to release any information regarding your participation in sport or physical activity, other than previous throwing experience.

15. Financial information: There will be not cost for participation in this study.

1. Signatures:

The study has been discussed with me and my questions have been answered. I understand additional questions regarding the study should be directed to the investigator listed above. I understand that the data collected will not be used for any purpose not approved by the IRB. I understand that I may direct questions about my rights as a participant in this study to the WCU IRB Chair at (828) 227-7212. I am at least eighteen years of age. I agree with the terms above and acknowledge that I have been given a copy of this consent form.

Signature of volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_