



Consent Agreement for Sport Psychology Seminar

This consent form is only part of the process of informed consent. A conversation about the information outlined here will be included at the beginning of the seminar session.

Structure of this Seminar

This seminar will be held on **Sunday, January 10, 2021 at 7-8:30pm**. This seminar is designed specifically for athletes; however, parents/coaches are permitted to observe (if desired). The seminar will be held virtually by way of ZOOM online meeting technology. This is a **voluntary seminar** opportunity for those athletes invited by their coaches or sporting organizations. Any decision regarding non-participation/withdrawal will be honored without consequence.

The seminar is designed to be informative and educational rather than psychologically therapeutic. The seminar is NOT designed to reflect or replace the experience of individual counselling, group counselling, family counselling, or other psychotherapeutic intervention. This seminar is NOT a reoccurring group and, as such, the seminar instructor is not entering into a professional, therapeutic relationship with any of the attendees.

Purpose and Goals of this Seminar

The seminar taking place on Sunday, January 10, 2021. Topics will focus primarily on anxiety management and strategies to tackle anxious, self-critical, perfectionistic thoughts that are common among athletes. Athletes will also be further educated about different types of unhelpful thoughts that may contribute to anxiety or unhelpful emotions. Athletes will be provided with strategies and resources to begin to challenge unhelpful anxious thoughts. Seminar time will consist of both instructional and interactive components. The seminar instructor may ask questions of the group and may prompt group discussions and/or activities designed to facilitate self-reflection and practice the skill(s) presented. The depth of personal sharing and disclosure is completely up to each participant and is, by no means, a requirement.

Benefits and Risks to Participation

The overarching objective of this psychoeducational seminar is to assist competitive and

recreational adolescent gymnasts in the development of mental skills to achieve athletic performance success and personal well-being. There is always the risk that some participants may feel that the content of some group discussion has triggered distress or discomfort. This is not the intention of the seminar or the discussion topics; however, it remains a possibility. The seminar facilitator will make every effort to alleviate the stressful situation so the member can remain actively engaged in the seminar. However, participants reserve the right to pass on self-disclosure, take a break, or excuse themselves from the seminar in situations of discomfort.

If a participant is self-identified or identified by the seminar instructor as needing additional supports, referrals will be provided to parent/guardian via phone and/or email.

Confidentiality & Limits to Confidentiality

The seminar instructor will attempt to ensure a safe and productive learning environment for all participants. Any participants who are behaving in such a manner that threatens a safe and productive environment will be removed from the online session by seminar instructor and/or moderator(s).

As a Registered Psychologist and regulated health professional in the province of Alberta, the seminar facilitator is ethically, legally, and professionally mandated to act on information/disclosures that imminently threaten the physical safety of participants.

The seminar facilitator has a legal, ethical, and professional responsibility to report information to the appropriate person or authorities in the following instances:

- 1) if there is imminent risk of death or physical harm to a participant or other individual;**
- 2) if there is concern regarding abuse (physical, psychological, emotional sexual abuse or neglect) to a participant or other person vulnerable by age (under 18 years) or disability;**
- 3) if the seminar facilitator or seminar records are subpoenaed by a court authority.**

Storage of Personal Demographic Information

Names and contact information of participants and their legal guardians will be securely stored by the seminar instructor for a period of 48 hours after the seminar (to be used in the case of emergency). Following the 48 hour period, signed consent forms will be shredded and destroyed.

Fees

Rhythmic Gymnastics Alberta will be collecting a fee of \$10 per participant for this seminar and payment will be organized, charged, and collected through Rhythmic Gymnastics Alberta. Therefore, Actualize WILL NOT be charging or collecting fees from each individual participant.

Questions/Concerns

If you have any further questions or want clarification regarding this mental skills training seminar, please contact:

Dr. Lauren K. McCoy, Registered Psychologist
Actualize Psychological Services
actualizepsych@gmail.com
www.actualizepsych.ca

Signatures

Your signature on this form indicate that 1) you have read the attached informational materials describing this mental skills training seminar, 2) you/your child understand the information provided about participation in the mental skills training seminar, 3) you/your child agree to participation in the mental skills training seminar, 4) you/your child agree to abide by the rules and provisions outlined above. You/your child are free to withdraw from this mental skills training seminar at any time and can leave the online seminar, without penalty, at any time.

PLEASE ENSURE THAT YOUR CHILD'S NAME OR YOUR NAME WILL BE THE NAME THAT APPEARS ON ZOOM ACCOUNT. This will allow seminar instructor to provide access to only those that have consented.

Participant's Name: (please print) _____

Participant's Age: _____

Participant's Signature: _____

Date: _____

Parent/Guardian Name (if participant is under age 18): _____

Parent/Guardian Signature: _____

Date: _____

Emergency Contact for Participant: (by providing information, you are also agreeing to be contacted via phone and email in case of emergency)

Name(s): _____

Relation(s): _____

Emergency Phone Number(s): _____

Emergency Email: _____

