

Parent Consent Form



UNIVERSITY OF
STIRLING

PARENT CONSENT FORM

Study: GAA Super Game Centre Pilot Programme

Investigator: Daragh Sheridan

Child's Name: _____

I, _____ have read the information sheet. I understand the purpose and design of the study. I hereby give permission for my child to take part in the above project, if he/she wishes to do so, with the knowledge that they may withdraw at any time without specific reason or penalty.

Signed: _____

Date: _____