

**GEORGIA HIGH SCHOOL ASSOCIATION
151 South Bethel Street
Thomaston, GA 30286
706 647-7473**

**WRESTLING WEIGHT MANAGEMENT PROGRAM
INDIVIDUAL PROFILE FORM**

Complete top section prior to arrival at assessment site ----- PLEASE PRINT

Wrestler's Name _____	Grade	8	9	10	11	12
_____ First _____ MI _____ Last						
Gender _____ Male _____ Female	Date of Birth _____	Age _____				
School _____						
Assessment Site _____			Assessment Date _____			

STEP 1 Assessment of Hydration

(specific gravity: less than or equal to 1.025)

_____ **Pass** _____ **Fail**

Assessor Initials _____

STEP 2 Assessment of Height (round down to the nearest 1/2")

_____ **ft** _____ **in**

Assessor Initials _____

STEP 3 Body Fat (BIA) Assessment (Standard mode)

Record scratch weight to nearest 1/10 of a pound

_____ **lbs**

Calculated % Body Fat (from Tanita print out)

_____ **%**

Assessor Initials _____

STAPLE ASSESSMENT PRINT OUT TO BACK OF FORM

GHSA Assessor Signature _____

Date _____