

**GEORGIA HIGH SCHOOL ASSOCIATION
P.O. Box 271
Thomaston, GA 30286-0004
706 647-7473**

**WRESTLING MINIMUM WEIGHT CERTIFICATION
INDIVIDUAL PROFILE FORM**

This block to be completed 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 _____
School _____	
Assessment Site _____	Assessment Date _____

STEP 1 Assessment of Hydration level

(specific gravity must be equal to or less than 1.025)

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

Assessor Initials _____

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

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

Assessor Initials _____

STEP 3 Bio-electric Impedance 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 _____