

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

**WRESTLING WEIGHT MANAGEMENT PROGRAM
SKIN FOLD ASSESSMENT DATA**

This form is to be used only if the BIA assessment on the Tanita scale is unsuccessful.

Wrestler Name _____ Grade 8 9 10 11 12
First MI Last

Gender Male Female Date of Birth _____ Age _____

School _____

Assessment Site _____

Assessment Date _____

Assessor
Initials

Step 1 – Assess hydration level of athlete

(Note: Specific gravity: less than or equal to 1.025)

_____ **PASS** _____ **FAIL** _____

Step 2 – Assess height (in feet and inches) of athlete

(Note: round down to nearest 1/2")

Step 3 – Alpha Body Weight (to nearest 1/10 pound)

Step 4 – Skin Fold Assessment

(Note: Measurement to the nearest half millimeter)

	Test 1	Test 2	Test 3	Average	Assessor Initials
Triceps (T)	_____	_____	_____	_____	_____
Subscapular (S)	_____	_____	_____	_____	_____
Abdominal (A)	_____	_____	_____	_____	_____

GHSA Assessor Signature: _____ **Date** ____/____/____

****Trackwrestling staff will enter this data into the OPC for determination of minimum Wrestling Weight and minimum weight class allowed****

Email or Fax this form to: Don Corr, Don.Corr@ghsa.net / 706-647-2638