

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			First		MI	Last		Grade	8	9	10	11	12
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 ½")

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 this form to: Sheri Eubanks, sherieubanks@ghsa.net