



**Georgia High School Association
151 South Bethel Street
Thomaston, Georgia 30286
Telephone: 706-647-7473
Fax: 706-647-2638**

**WRESTLING WEIGHT MANAGEMENT PROGRAM
WEIGHT CLASS APPEAL**

TO THE PHYSICIAN:

The Georgia High School Association (GHSA) has instituted a Wrestling Weight Management Program to encourage healthy weight control practices by interscholastic wrestlers. As part of this program, a minimum weight is established for each wrestler prior to their competitive season. Each wrestler's body fat and lean body mass is measured by a body composition analysis (the standard error for this method is + / - 2% for lower weights and + / - 4% for higher weights). A minimum weight is then calculated at 7% body fat for males and 19% for females.

Per GHSA policy, a standard correction factor of minus 2% is then deducted prior to the final calculation of the athletes' "lowest allowable weight".

Your patient is requesting that he/she be allowed to wrestle one (1) weight class lower than determined by the initial assessment. GHSA guidelines require evaluation by and permission from the athlete's personal physician for this appeal to be granted.

Please evaluate your patient for normal growth and development, paying particular attention to weight fluctuations and his/her growth curve. Based on the patient's history and your examination, determine if his/her present weight is compatible with normal growth, development and good health and indicate your assessment and recommendation on the next page.

Thank you,

The Georgia High School Association

****GHSA COACHES:** Both pages of this Form are to be presented to the attending physician as a part of the weight class appeal

GEORGIA HIGH SCHOOL ASSOCIATION
WRESTLING WEIGHT MANAGEMENT

WEIGHT CLASS APPEAL

Any wrestler whose body fat percentage at the time of the initial assessment is at, below or above 7% (male) or 19% (female) may certify one weight class lower than what is calculated at the initial assessment. The lower certification must be approved by a licensed physician (MD or DO) who has evaluated the athlete and has determined that it is safe for him/her to drop to a lighter weight.

This form must be completed in its entirety and the original form along with a \$100.00 appeal fee (payable by money order, school or booster club check ONLY) must be mailed to the GHSA at the address below.

****Coach: Complete this section prior to physician appointment****

WRESTLER NAME _____	GRADE 8 9 10 11 12
SCHOOL _____	REGION/AREA _____
INITIAL ASSESSMENT DATA (from OPC):	
Date of initial assessment _____/_____/_____	
Weight _____	
% Body Fat _____	
Minimum Weight Class _____	

****Physician: Complete this section prior to Parent Notary****

EXAMINING PHYSICIAN	
Date seen in office _____/_____/_____	Today's Weight _____ lbs.
Circle A or B	
A. After an in-office evaluation, the wrestler named above has received approval to compete in a weight class that is one (1) weight class below his/her initial assessment. The athlete may engage in a weight loss plan to reach the GHSA weight class circled below. This option requires a \$100 appeal fee.	
B. The wrestler named above is advised to wrestle at a weight class at or above the initial assessment. The wrestler is not approved to participate in a weight class lower than that determined by the initial assessment. No fee required for this option.	
CIRCLE THE MINIMUM WEIGHT CLASS ALLOWED	
100 - 105 - 110 - 115 - 120 - 125 - 130 - 135 - 140 - 145 - 155 - 170 - 190 - 235	
PHYSICIAN SIGNATURE _____	DATE _____
ADDRESS _____	
CITY _____	ZIP _____

****Parent: Complete this section prior to returning to Coach****

PARENT SIGNATURE _____	DATE _____
NOTARY SIGNATURE & STAMP _____	DATE _____

Mail form and payment to the GHSA, Attention: Sheri Eubanks, 151 South Bethel Street, Thomaston, GA 30286