

Nevada Interscholastic Activities Association
**WRESTLING MINIMUM WEIGHT CERTIFICATION
INDIVIDUAL PROFILE FORM**

Parental Permission Form *yes*____ *no* ____ *if no do not assess wrestler*
Please complete (PRINT) to (x x x) line.

Type of Assessment: Original _____ Re-Assessment _____

Name: _____ Grade: _____
 First MI Last

School: _____

Gender: M / F Age: _____ Birth date: _____

Desired Weight Class: _____

x x

DATA COLLECTION

Urinalysis: Specific gravity of urine: _____ Assessor: _____
Indicate pass or fail
Must be 1.025 or lower for testing to continue

Height: _____ Weight: _____ lbs.
 Nearest 1/2"(round up or down)

Tanita TBF body fat percentage * _____

NIAAWMP Assessor: _____

Date: _____

- Any wrestler measuring below 7% body fat must be given the Physician Clearance Form on Health Risk from low body fat percentage and will not be allowed to wrestle until it is returned and the wrestler is posted on the Alpha Master.

Received Release Form:

Signature of wrestler

Signature of coach