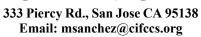


CIF/CCS WRESTLING WEIGHT MANAGEMENT





INDIVIDUAL PROFILE FORM

Please complete the requested information immediately below, prior to arriving at your weight certification assessment:

**Coaches: Please <u>fill</u> in the requested information in <u>YELLOW</u>. This form must be given to your Certified Assessor to complete the assessment for each wrestler. The Certified Assessor will retain this form.

WRESTLER'S IDENTIFICATION INFORMATION:

Parental Permission Form signed: yes no(if no, do not assess wrestler)			
Type Requested Info (Hand written will not be accepted):			
			Grade:
First Name Last	Name	Middle Name	
School:			
Gender: M/F Age	e: 	Date of B	irth:
DATA COLLECTION INFORMATION ENTERED BY ASSESSOR			
Initial Assessment	Da	te	_
1. HEIGHT MEASUREMEN 2. BODY COMPOSITION 1	<u> </u>	(nea	arest ½")
Weight:	lbs.	FAT %	
➤ Check here ONLY if this wrestler is BELOW 7% for boys or 12% for girls:			
CIF Assessor's Initials		Date	