



CIF/CCS WRESTLING WEIGHT MANAGEMENT

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INDIVIDUAL PROFILE FORM

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

**Coaches: Please fill in the requested information in YELLOW. 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: _____ Date of Birth: _____

DATA COLLECTION INFORMATION ENTERED BY ASSESSOR

Initial Assessment ____ Date _____

1. HEIGHT MEASUREMENT: Height: _____ (nearest 1/2")

2. BODY COMPOSITION TESTING

Weight: _____ lbs. FAT % _____

➤ Check here ONLY if this wrestler is BELOW 7% for boys or 12% for girls: _____
If a wrestler is below 7% for boys or 12% for girls, they may not wrestle until they have been cleared by a Physician. Inform the wrestler, complete the **Assessment Information** portion of the Physician's Clearance form, sign it and give it to the wrestler or school personnel. **DO NOT enter a wrestler's assessment data on the Trackwrestling.com web page.** Keep this form and the scale printout in your files and return to the CCS Office with the other wrestlers' paperwork for this school.

CIF Assessor's Initials _____

Date _____