



**INDIVIDUAL PROFILE DATA FORM**  
**WRESTLER'S IDENTIFICATION INFORMATION:**

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

\*\*Coaches: Please make a copy of this form for each of your wrestlers. This form must be given to your Certified Assessor to complete the assessment for each wrestler. The Certified Assessor will retain this form.

Parental Permission Form signed: **yes** \_\_\_\_\_ **no** \_\_\_\_\_ (if no, do not assess wrestler)

Please complete (PRINT) the first three lines.

Name: \_\_\_\_\_ Grade: 9 10 11 12  
                    Last,                      First                      MI

School: Righetti

Gender: M / F      Age: \_\_\_\_\_      Date of Birth: \_\_\_\_\_

DATA COLLECTION INFORMATION

To be completed ONLY by the CIF Assessor or designated Assistant

(Date of) Initial Assessment \_\_\_\_\_ (Date of) Appeal of Initial Assessment \_\_\_\_\_

(Circle One) **BODYMETRIX**

**2. HEIGHT MEASUREMENT:**

Height: (Actual) \_\_\_\_\_ (nearest 1/2") \_\_\_\_\_

**3. BODY COMPOSITION TESTING (BODYMETRIX)**

Weight: \_\_\_\_\_ lbs.      BODY FAT % \_\_\_\_\_

CIF Assessor's signature \_\_\_\_\_ Alpha Date \_\_\_\_\_

CIF Assessor's Name \_\_\_\_\_



## PARENTAL PERMISSION FORM

I hereby grant \_\_\_\_\_ High School permission to allow  
Ultrasound assessment to be performed by a CIF Certified Assessor. I  
understand that the CIF requires this assessment to be completed in  
order for my son/daughter to be eligible to compete in wrestling in  
any CIF competition for the 2020-2021 school year.

I hereby agree to release, discharge and forever hold harmless the  
CIF, the school and CIF Certified Assessors from any and all claims,  
which I might now, or hereby have with respect to the urine testing I  
am consenting to herein. I am free to deny any consent for my  
son/daughter both now and at any point during the testing.

I acknowledge that I have read this form in its entirety or it has been  
read to me, and I understand the Ultrasound testing procedure in  
which my son/daughter may be engaged. I consent and give  
permission for my son/daughter to participate in this assessment.

DATE \_\_\_\_\_

NAME OF STUDENT-ATHLETE \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

PLEASE RETURN NO LATER THAN 10/30, 2023

TO: Head Wrestling Coach