



**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: _____

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 _____, 20__

TO: Head Wrestling Coach