

GEORGIA INDEPENDENT ATHLETIC ASSOCIATION

WRESTLING WEIGHT MANAGEMENT PROGRAM

INDIVIDUAL PROFILE FORM

Complete this top section prior to arrival at assessment site
PLEASE PRINT

Wrestler's Name _____			Grade: 8 9 10 11 12				
First	MI	Last					
Gender: _____		Date of Birth _____					
AGE _____							
School _____							
Assessment Date: _____				Assessment Site: _____			

STEP 1: Assessment of Hydration
(Specific Gravity: Less than or equal to 1.025)

Assessor's Initials: _____

_____ _____
Pass Fail

STEP 2 Assessment of Height (round down to the nearest ½")

Assessor Initials _____

_____ft _____in

STEP 3 Body Fat (BIA) Assessment (Standard mode)

Record scratch weight to nearest 1/10 of a pound

_____lbs

Calculated % Body Fat (from Tanita printout)

_____%

Assessor Initials _____

STAPLE ASSESSMENT PRINT OUT TO BACK OF FORM

GIAA Assessor Signature _____ DATE _____

GEORGIA INDEPENDENT ATHLETIC ASSOCIATION

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