OHSAA · WRESTLING WEIGHT MANAGEMENT PROGRAM

Application for New (and Re-Certifying) General Assessors

PLEASE PRINT LEGIBLY

ABOUT YOU

NAME

☐ New ☐ Re-certifying

NEW GENERAL ASSESSOR OR RE-CERTIFYING?

PROFESSION (ATC, PT, MD, EXERCISE PHYSIOLOGIST, ETC.)

TRAINING

NAME OF MASTER ASSESSOR THAT TRAINED YOU

DATE OF TRAINING

WORK AND CONTACT

WORK AFFILIATION

WORK CITY

WORK PHONE (REQUIRED, LISTED ONLINE)

WORK EMAIL (LISTED ONLINE)

CELL PHONE (WILL NOT BE LISTED PUBLICLY)

OTHER EMAIL (OPTIONAL)

SIGNATURES

SIGNATURE OF MASTER ASSESSOR (TRAINER)

SIGNATURE OF NEW GENERAL ASSESSOR

Master Assessor: send this application with the class roster to OHSAA. New assessors get an email from USA Bracketing with their USA Bracketing access.

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