OHSAA Wrestling Alpha Weight Individual Profile / Reassessment / Appeal Form

Reassessment / Appeal Assessment to Determine Minimum Wrestling Weight

Master Assessors and approved appeal assessment sites use the Appeal Link on www.trackwrestling.com

Parental Permission Form YES	NO	(If no, do not assess wrestler)
Wrestler's Name		GENDER: M F
Grade School		
Assessor's Name		
Assessor's Phone Number		
Type of Assessment: Original	Re-Ass	sessment Appeal
Urine Collection Cup #	_	
 If failed, wrestle 	er must wa	(Record athlete's actual specific gravity) ait 48 hours to be re-assessed! hydration test the same day
	PASS	FAIL
STEP 2: ASSESSMENT DATE _		(This is the date of the initial measurement or appeal
STEP 3: WEIGHT		
STEP 4: SKINFOLD MEASUREN	IENT	
Tricep Measurement		
Subscapula Measurement		
Abdominal Measurement		
		get 3 numbers within a mm s of alpha date. Same day is preferred
APPEAL ONLY (Site must be a	oproved b	————————————————————— >y OHSAA)

- Hydrostatic Weighing, Bod Pod, or DEXA: Percent body fat _____
 - ✤ Appeal must be completed during the 14-day appeal period
 - * The appeal period begins the day after the assessment date
 - ✤ Complete Steps 1-3 prior to body composition testing
 - ✤ Input results within 72hrs. Same day is preferred