GEORGIA HIGH SCHOOL ASSOCIATION **151 South Bethel Street** Thomaston, GA 30286 706 647-7473

WRESTLING WEIGHT MANAGEMENT PROGRAM **INDIVIDUAL PROFILE FORM**

Complete top section prior	to arrival at assessment site	PLE	ASE PRINT				
Wrestler's Name First	MI	Last	Grade 8	9	10 11	12	
GenderMaleFen			Age			-	
Assessment Site			ent Date				
STEP 1 Assessment of Hydration (specific gravity: less than or equal to 1.025) Assessor Initials			Pass		Fail		
STEP 2 Assessment of Height (round down to the nearest ½")		ft		_in		
STEP 3 Body Fat (BIA) Assess	ment (Standard mode)						
Record scratch weight to nearest 1/10 of a pound Calculated % Body Fat (from Tanita print out)							
Assessor Initials							
	PLE ASSESSMENT PRINT						
GHSA Assessor Signature _							
Date							