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

WRESTLING WEIGHT MANAGEMENT PROGRAM
SKIN FOLD ASSESSMENT DATA

This form is to be used only if the BIA assessment on the Tanita scale is unsuccessful.

Wrestler Name _____ **Grade 8 9 10 11 12**
First MI Last

Gender ___**Male** ___**Female** **Date of Birth** _____**Age** _____

School _____

Assessment Site _____

Assessment Date _____

			Assessor Initials
Step 1 – Assess hydration level of athlete **(Note: Specific gravity: less than or equal to 1.025)**	**PASS**	**FAIL**	
Step 2 – Assess height (in feet and inches) of athlete **(Note: round down to nearest ½")**			
Step 3 – Alpha Body Weight (to nearest 1/10 pound)			

Step 4 – Skin Fold Assessment
(Note: Measurement to the nearest half millimeter)

	Test 1	**Test 2**	**Test 3**	**Average**	**Assessor Initials**
Triceps (T)					
Subscapular (S)					
Abdominal (A)					

GHSA Assessor Signature:_____ **Date** _____/_____/_____

****Trackwrestling staff will enter this data into the OPC for determination of minimum Wrestling Weight and minimum weight class allowed****

Email this form to: Sheri Eubanks, sherieubanks@ghsa.net