



Wrestling Weight Control Appeal Form

Date: _____

School: _____

Wrestler's Name: _____ Year In School: 9 10 11 12

Date of the appeal assessment: _____

Name of the person conducting the appeal assessment: _____ ID #: _____

Location of the appeal assessment: _____

Principal's Signature: _____ Date _____

Parent's Signature: _____ Date _____

We understand the results of the appeal assessment will replace the previous skinfold results, that they cannot be appealed, and that the wrestler may not wrestle until the results of the appeal are posted in TrackWrestling (OPC)..

Note: If the wrestler weighs less than 1.5% of the first assessment, this appeal is void. The wrestler must accept the results of the first assessment.

1. Email this form to the IHSA office within 7 calendar days of the date of the first body fat test. (sknox@ihsa.org)
2. Confirm receipt of Appeal Form by the IHSA.

Body fat assessor must complete this part of the form.

Assessor: _____ ID Number: _____

Appeal Date: _____ Assessor's Signature: _____

Alpha Weight: _____ (Must not be less than 1.5% of first test weight)

Passed Urine Specific Gravity Test : _____ yes (If no, the wrestler may not test on this date.)

Hydrostatic Weighing

% Body Fat _____

Bio-Impedance Measurement

% Body Fat _____

Skin Fold Test

Triceps _____

Subscapula _____

Abdominal _____