

NCISAA MINIMAL WEIGHT POLICY

Permission to Qualify at Lower Weight

WRESTLER _____ SCHOOL _____ COACH _____

ATHLETIC DIRECTOR _____ SKINFOLD EXAMINER _____

PARENTS (Both/Legal Guardian) _____

PHYSICIAN _____ MD LICENSE # _____

RESULT OF TESTING:

1st Test Date _____ Weight _____ Calculation Results: % Body Fat _____ Min. Wt. _____

2nd Test Date _____ Weight _____ Calculation Results: %Body Fat _____ Min. Wt. _____

REASON FOR DROPPING TO LOWER WEIGHT CLASS

LEAGUE STATEMENT: It is the judgment of the representative school, the above skinfold examiner and athletic director, that the minimal weight determined by skinfold measures is not necessarily the best weight for a healthy lifestyle. It is understood that an effort has been made to convince all parties concerned to comply with guidelines previously set by the league in terms of minimal weight and to educate athletes and parents on potential health risks of dropping weight below that level.

ASSUMPTION OF RISK: I/WE assume responsibility of the total health of the said wrestler and any consequences that may result directly or indirectly from further weight reduction.

SIGNATURE and DATE: PHYSICIAN (as named above) _____

WRESTLER (as named above) _____

FATHER/LEGAL GUARDIAN _____

MOTHER/LEGAL GUARDIAN _____

Make 1 copy for the school and mail completed form to:
Stephanie Miller
Charlotte Country Day School
1440 Carmel Road
Charlotte, NC 28226

Each signature requires a date. License # for physician must be included. This form will not be accepted unless 100% complete.

