

**2016-2017  
OSSAA WRESTLING WEIGHT MANAGEMENT PROGRAM  
STUDENT DATA INFORMATION AND TESTING FORM**

**To be completed by the coach and parent prior to the wrestler being tested:**

**Please print**

1. Name of student \_\_\_\_\_
2. Name of school \_\_\_\_\_
3. Grade in school \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_
4. Parental or Guardian consent: I hereby give my permission for the above named wrestler to be tested by a certified assessor for hydration and body fat analysis. The hydration testing will be a urine analysis which will only test for hydration. The body fat testing will be done by skin fold calipers or a bioelectrical impedance machine. Failure to sign this consent will result in a wrestler not being tested and ineligible to compete in high school wrestling.

Parent or Guardian Signature \_\_\_\_\_

**To be completed by the assessor:**

5. Date of Assessment \_\_\_\_\_
6. Hydration Test: Pass \_\_\_\_\_ Fail \_\_\_\_\_
7. Body Weight (Measured to a tenth of a pound, no rounding) \_\_\_\_\_

**Complete either #8 or #9**

8. Skin Fold Measurements:
 

	Test 1	Test 2	Test 3
a. Triceps	_____	_____	_____
b. Subscapular	_____	_____	_____
c. Abdominal (Male only)	_____	_____	_____
9. Bio-Impedance Assessment
  - a. Student's Height \_\_\_\_\_
  - b. Percentage of Body Fat \_\_\_\_\_
  - c. Attach printer tape from the Tanita Bioelectrical Impedance 300WA machine (athletic male mode) to this form