

**2020-2021
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

2020-2021
OSSAA WRESTLING WEIGHT MANAGEMENT PROGRAM
PHYSICIAN'S CLEARANCE FORM FOR WRESTLER
THAT IS BELOW THE BODY FAT ALLOWANCE

Any male wrestler whose body fat percentage at the time of initial assessment is below 7% must obtain in writing from a qualified physician, a clearance form stating that the athlete is naturally at this sub-7% body fat level. In the case of a female wrestler, a written clearance form from a qualified physician must be obtained for athletes who are sub-12% body fat. A wrestler's body weight must be equal to or no greater than three pounds from his/her original assessment when obtaining a written clearance form from a qualified physician. If not, this form will not be valid. A physician's clearance form is only good for the current wrestling season.

Note: The sub-7% male or sub-12% female who receives clearance may not wrestle below his/her initial assessment minimum wrestling class.

To be completed by the coach:

Wrestler's name _____ Grade in school _____

School _____ Gender: Male _____ Female _____

Data Review: Date of initial assessment _____ Body Fat % _____

Initial assessment weight _____ lbs. Minimum wrestling class _____ lbs.

Name of original assessor _____

Address _____ City _____ State _____

Fax number _____ Email _____

To be completed by examining physician. Enter below the date and weight of the athlete at his/her evaluation.

Date _____ Weight _____ lbs.

Check "A" or "B" (Body weight must be equal to or no greater than three pounds from his/her original assessment.)

_____ A. The wrestler named has received clearance as provided by the OSSAA Weight Management Program to participate at the minimum weight class which at the time of the initial assessment is below 7% (male) or 12% (female) minimum body fat allowance.

_____ B. The wrestler named is advised to wrestle at a weight class which exceeds the minimum wrestling class at the time of initial assessment. The wrestler named has been given permission to participate at a weight not lower than the circled weight classification below.

106-113-120-126-132-138-145-152-160-170-182-195-220-285

Physician's signature _____ Date _____

Address _____ City _____ Zip _____

Parent or Guardian Signature _____ Date _____

Note: This form is the only document that will be accepted as a "Physician's Approval". The physician shall return this form to the wrestler after the completion of his/her examination. This form shall be mailed ~~or~~ faxed or emailed by the coach to tgoolsby@ossaa.com ~~and a~~ A wrestler is not able to participate until the OSSAA has entered the information on the school's alpha master list.

**2020-2021
OSSAA WRESTLING WEIGHT MANAGEMENT PROGRAM
BODY FAT ANALYSIS APPEAL FORM**

**To be completed by the coach and parent prior to the wrestler being retested
Please print**

Name of student _____ Date _____

Name of school _____ Grade _____

Gender: Male _____ Female _____

Date of original assessment _____

Parent or Guardian consent: I hereby give my permission for the above named wrestler to be retested for hydration and body fat analysis. The retest will be done by either the original assessor using the same assessment method or by using the air displacement plethysmography method at one of the three approved designated Bod Pod Testing Centers. Failure to sign this consent form will result in a wrestler not being retested.

Parent or Guardian signature _____

Name of Original Assessor _____

Assessor's Address _____

City _____ State _____

Email address _____

Assessor's Phone number _____ Fax number _____

Body weight at original assessment (measured to a tenth of a pound) _____pounds

Method used for the original assessment: Skin calipers _____ Bio-Impedance _____

All wrestlers will have one opportunity to appeal their body fat assessment and minimum weight and must do so within 14 days of the initial assessment. If a wrestler's body fat test results are being appealed, the wrestler may not wrestle in interscholastic competition until the appeal results are posted on the school's alpha master form. A wrestler will have two options. Option A: The appeal must be made with the assessor who did the initial assessment and the same assessment method shall be used. A wrestler's body weight cannot be greater or less than 3 pounds of his initial assessment and if so, the appeal will not be valid and the original assessment will be used. A wrestler must also pass a hydration test before being retested. There will be a fee for retesting a wrestler. Option B: An appeal must be made through the original assessor and a wrestler can go to the certified testing center (Oklahoma University Health Science Center, Oklahoma City) and use the Bod Pod air displacement plethysmography method to determine body fat. A wrestler's body weight cannot be greater or less than 3 pounds of his initial assessment and if so, the appeal will not be valid and the original assessment will be used. A wrestler must also pass a hydration test before being tested.

A wrestler whose body fat is measured at sub-seven percent (males) or sub-twelve percent (females) and wishes to appeal their body fat assessment must meet the following requirement: their body weight at the appeal can be no lower than their original weight at the initial assessment and no greater than three pounds of their original weight at the initial assessment. If so, the appeal will not be valid and the original assessment will be used.

To be completed by the Assessor – Appeal assessment

Hydration test: Pass _____ Fail _____

Body weight (measured to a tenth of a pound) _____ pounds

Complete sections a or b

a. Skin Fold Measurement

	Test 1	Test 2	Test 3
Triceps	_____	_____	_____
Subscapular	_____	_____	_____
Abdominal (Male Only)	_____	_____	_____

OR

Bio-Impedance Assessment

Student's Height _____

Percentage of Body Fat _____

Attach printer tape from the Tanita Bioelectrical Impedance 300WA machine (athletic male mode) to this form.

b. Bod Pod Air Displacement Plethysmography

Student's Height _____

Body Fat Percentage _____

Attach Bod Pod Body Composition Test results to this form.

Students electing to use the Bod Pod for their appeal method must pay the site a fee of \$25.00 at the time of their assessment.

Name of technician who administered the Bod Pod Air Displacement assessment:

_____ Email address _____

If this appeal was performed at the Bod Pod Testing Center, this form along with the Body Composition Test results must be immediately faxed or mailed to the original assessor. Also, a copy of the Body Composition Test results will be given to the athlete.

**2020-2021
 OSSAA WRESTLING WEIGHT MANAGEMENT PROGRAM
 BIA or Skin Caliper Reconciliation Form
 for Payment to Assessor from Member School**

To be completed by the assessor:

Name of Assessor _____

Address payment will be sent to:

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I verify that all assessments were completed using the standard protocol outlined in the OSSAA Weight Management Program guidelines and results of these assessments for each wrestler were entered into the NWCA Optimal Performance Calculator within the 48 hours of the original assessment.

Assessor Signature _____ Date _____

Reconciliation Instructions:

1. Enter school name.
2. Enter number of initial assessments performed.
3. Enter number of failed hydration assessments.
4. Assessment cost will be no more than \$8.00 per wrestler or no more than \$24.00 if a school has three or less wrestlers.
5. Total charge will be computed by multiplying the number of initial assessments by the assessment cost.
6. Attach a separate sheet to this form with the name of all student(s) who were tested.

School Name	Number of Initial Assessments	Failed Hydration	Assessment cost	Total charge

Assessors should complete this form after all information has been entered into the NWCA Optimal Performance Calculator Program and submit this form with the list of student's tested to the school in which the assessment has been performed for payment to the assessor. Schools should provide payment to the assessors within a reasonable time period.