

GEORGIA INDEPENDENT ATHLETIC ASSOCIATION
PO Box 1057, Thomaston, GA 30286
706-938-1400

WRESTLING WEIGHT MANAGEMENT PROGRAM
INDIVIDUAL PROFILE FORM

Complete this top section prior to arrival at assessment site
PLEASE PRINT

Wrestler's Name _____ Grade: 8 9 10 11 12
First MI Last
Gender: _____ Date of Birth _____ AGE _____
School _____
Assessment Date: _____ Assessment Site: _____

STEP 1: Assessment of Hydration
(Specific Gravity: Less than or equal to 1.025)

Assessor's Initials: _____

Pass Fail

STEP 2 Assessment of Height (round down to the nearest 1/2")

ft in

Assessor Initials _____

STEP 3 Body Fat (BIA) Assessment (Standard mode)

Record scratch weight to nearest 1/10 of a pound

lbs

Calculated % Body Fat (from Tanita printout)

%

Assessor Initials _____

STAPLE ASSESSMENT PRINT OUT TO BACK OF FORM

GIAA Assessor Signature _____ DATE _____