

Georgia Independent Athletic Association

P.O. Box 1057
Thomaston, Georgia 30286
Telephone: 706-938-1400
Fax: 404-410-6873

WRESTLING WEIGHT MANAGEMENT PROGRAM**WEIGHT CLASS APPEAL****TO THE PHYSICIAN:**

Georgia Independent Athletic Association (GIAA) has instituted a Wrestling Weight Management Program to encourage healthy weight control practices by interscholastic wrestlers. As part of this program, a minimum weight is established for each wrestler prior to their competitive season. Each wrestler's body fat and lean body mass is measured by a body composition analysis (the standard error for this method is + / - 2% for lower weights and + / - 4% for higher weights). A minimum weight is then calculated at 7% body fat for males and 12% for females.

Per GIAA policy, a standard correction factor of minus 2% is then deducted prior to the final calculation of the athletes' "lowest allowable weight".

Your patient is requesting that he/she be allowed to wrestle one (1) weight class lower than determined by the initial assessment. GIAA guidelines require evaluation by and permission from the athlete's personal physician for this appeal to be granted.

Please evaluate your patient for normal growth and development, paying particular attention to weight fluctuations and his/her growth curve. Based on the patient's history and your examination, determine if his/her present weight is compatible with normal growth, development and good health and indicate your assessment and recommendation on the next page.

Thank you,

Georgia Independent Athletic Association

GIAA COACHES:

Both pages of this attachment are to be presented to the attending physician as a part of the weight class appeal.

GEORGIA INDEPENDENT ATHLETIC ASSOCIATION
WRESTLING WEIGHT MANAGEMENT

WEIGHT CLASS APPEAL

Any wrestler whose body fat percentage at the time of the initial assessment is at, below or above 7% (male) or 12% (female) may certify one weight class lower than what is calculated at the initial assessment. The lower certification must be approved by a licensed physician (MD or DO) who has evaluated the athlete and has determined that it is safe for him/her to drop to a lighter weight.

This form must be completed in its entirety and the original form along with a \$50 Appeal Fee (payable by money order, school or booster club check ONLY) must be mailed to the GIAA at the address below.

Coach: Complete this section prior to physician appointment

WRESTLER'S NAME _____ GRADE: 8 9 10 11 12

SCHOOL _____

INITIAL ASSESSMENT DATA (from OPC):

DATE OF INITIAL ASSESSMENT: _____ WEIGHT: _____

% OF BODY FAT: _____ MINIMUM WEIGHT CLASS: _____

EXAMINING PHYSICIAN	
Date seen in Office ____/____/____	Today's Weight _____ lbs.

Circle: A or B

- A. After an in-office evaluation, the wrestler named above has received approval to compete in a weight class that is one (1) weight class below his initial assessment. The athlete may engage in a weight loss plan to reach the GIAA weight class circled below. **This option requires a \$50 Appeal Fee.**
- B. The wrestler named above is advised to wrestle at a weight class at or above the initial assessment. The wrestler is **not approved** to participate in a weight class lower than that determined by the initial assessment. No fee required for this option.

*****CIRCLE THE MINIMUM WEIGHT CLASS ALLOWED *****

106 - 113 - 120 - 126 - 132 - 138 - 144 - 150 - 157 - 165 - 175 - 190 - 215 - 285
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PHYSICIAN SIGNATURE _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

**** PARENT SIGNATURE _____ DATE _____**

**** NOTARY SIGNATURE & STAMP _____ DATE _____**

Mail form and payment to the GIAA, ATTN: Clint Morgan, PO Box 1057, Thomaston, GA 30286