

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")

Assessor Initials _____

_____ft _____in

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 _____