

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

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