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Form 5G: 2025-26 GIRLS ONLY

## 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.

**Coach**: Complete this section prior to physician appointment

This form must be completed in its entirety and the <u>original form</u> 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.

WRESTLER'S NAME	GF	RADE: 8	3 9	10	11	12
SCHOOLINITIAL ASSESSMENT DATA (from OPC):						
DATE OF INITIAL ASSESSMENT:	WEIGHT:					
% OF BODY FAT: MINIMU	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 her initial assessment. The athlete may engage in a weight loss plan to reach the GIAA weight class circled below. <b>This option requires a \$50 Appeal Fee.</b>						
B. The wrestler named above is advised to wrestle at a weight class at or above the initial assessment. The wrestler is <b>not approved</b> 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 ***						
100 - 105 - 110 - 115 - 120 - 125 - 130 - 135 - 140 - 145 - 155 - 170 - 190 - 235						
PHYSICIAN SIGNATUREADDRESS		DAT	E			
ADDRESS  CITY  ** PARENT SIGNATURE			Z DATI	IP		
** NOTARY SIGNATURE & STAMP						