2019-2020

Wrestling Weight Control Program

DO NOT FAX!!

PARENTAL PERMISSION FORM TO WRESTLE BELOW MINIMUM ESTABLISHED STANDARDS

I/we authorize that ______________________________________________________

[Student’s Name - Printed]

of _____________________________________________________________________

[Full School Name]

Alpha Weight______________________  Body Fat %___________________

may wrestle below the standards set by the Indiana High School Athletic Association of 7% body fat for males and 12% body fat for females. I agree that a maximum of 2% of the 7% (12% for females) may be taken off the minimum measurement. I also understand the associated risks of granting such permission.

SIGNED (Parent/Guardian) _______________________________________________

DATE______________________________________________

(THIS FORM IS SOLELY FOR WRESTLERS WHOSE INITIAL BODY FAT ASSESSMENT EXCEEDED 7% (Boys)/12% (Girls))

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Must be received in the IHSAA office by December 27th.