Minnesota State High School League

Female Wrestling Weight Permit

NOTE TO SCHOOL OFFICIALS
Each student participating in wrestling must have a current completed physical form and must submit the annual Wrestling Weight Permit properly signed by the skin fold technician, a physician and the student's parent before engaging in any interschool wrestling match. SKIN MEASUREMENTS AND WEIGHT MUST BE DONE AT THE SAME TIME. This permit must be kept on file in the school office and be available on request.

NOTE TO PHYSICIAN AND PARENT
The purpose of this report is to prevent undue and unsafe weight reduction for competitive purposes—weight reduction which might jeopardize the physical, scholastic and psychological well-being of the student. During the wrestling season, which can extend to early March, the student-athlete should eat and drink normally while in training and participating in wrestling activities.

This weight permit form cannot be changed by modification or by a second examination. There are no exceptions to this rule.

Student: ___________________________ School: ___________________________

Date of Birth: ___________________________ Age: ___________________________ Years in Wrestling: ___________________________

The MSHSL requires that the minimum wrestling weight be established based on body fat. Following is the required protocol.

Skin fold measurement sites (Thickness in mm)

Triceps
Infrascapular (below medial lower angle of scapula)
Sum Skin Folds (SSF) [ ___________ ]

Weight (on date of examination) ___________

Equations

Triceps SF _______
Subscapular SF _______

Sum = _______ %BF

When the SF Sum >35mm, then substitute the following equation: .546(Sum) + 8.3 = ___%BF

Weight at 12% BF = (\{1 - (\% BF / 100)} x Weight) / .88
Weight at 12% BF = (\{1 - (____) / 100} x Weight) / .88 = _______

Standard error allowance = 3%

Minimum Wrestling Weight = Weight at 12% BF x .97

Minimum Wrestling Weight ______ x .97 = _______

Signature of Skin Fold Technician ________________ Skin Fold Measurement Date ___________

Physician’s Recommendation
As the attending physician, I have personally examined this student and certify that the student-athlete designated above should not be allowed to wrestle in any weight classification less than the listed weight class circled below:

106 113 120 126 132 138 145 152 160 170 182 195 220 285 (Hwt.)

Signature of Physician: ___________________________ Date Examined: ___________________________

Parent’s Recommendation
As a parent, I am responsible for the health and welfare of my child. I have read the recommendation of the examining physician and I request that the student-athlete designated above should not be allowed to wrestle in any weight classification less than the listed weight class circled below:

106 113 120 126 132 138 145 152 160 170 182 195 220 285 (Hwt.)

The higher of the two weight class designations recommended by the Parent or the Physician shall be the minimum weight class for competition.

Signature of Parent: ___________________________ Date: ___________________________

Note to physician and parent: The purpose of this report is to prevent undue and unsafe weight reduction for competitive purposes—weight reduction which might jeopardize the physical, scholastic and psychological well-being of the student. During the wrestling season the student-athlete should eat and drink normally while in training and participating in wrestling activities. The physician is encouraged to review the MSHSL’s guidelines for the weight certification process found on the MSHSL Website prior to completing the weight certifications.

Revised 10-17-11