WRESTLING FORMS

Wrestling Forms

Release for Wrestler to Participate with Skin Lesions 50

Wrestling Weight Certification 51

Girls Wrestling Weight Certification 52

RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESIONS

Note to providers: Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.). Please familiarize yourself with NFHS Rule-4-2-3 which states: "If a participant is suspected by the referee or coach of having a communicable skin disease or any other condition that makes participation appear inadvisable, his coach shall provide current written documentation from a physician stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to his opponent. This documentation shall be furnished at the weigh-in or prior to competition in the dual meet or tournament. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate.

Note: If an on-site tournament physician is present, he/she may overrule the diagnosis of the physician signing this form.

Below are some guidelines that suggest minimum treatment before returning to wrestling.

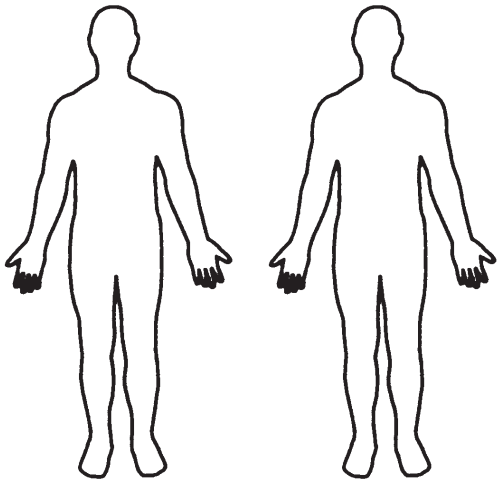
- **Bacterial diseases (impetigo, boils):** Oral antibiotic for 2 days and no drainage, oozing or moist lesions.
- **Herpetic lesions (Simplex fever blisters, Zooster, Gladiatorium):** No new lesion in 48 hours and all lesions scabbed over. No oral treatment is required.
- **Tinea lesions (ringworm scalp, skin):** Oral or topical treatment for 7 days on skin and 14 days on scalp.
- **Scabies, Head Lice:** 24 hours after appropriate topical management.
- **Conjunctivitis:** 24 hours of topical or oral medication and no discharge.
- **Molluscum Contagiosum:** 24 hours after curretage.

Name of Student

Date of Exam

_____/_____/_____

Mark location(s) of lesion(s):



front back

Diagnosis

☐ Communicable ☐ Non-contagious

Describe location of lesions

Medication(s) used to treat lesion(s)

Date treatment started

_____/_____/_____

Earliest date may resume participation

_____/_____/_____

Physician's Name (printed or typed)

Physician's phone

Physician's Address

Physician's Signature

WRESTLING WEIGHT CERTIFICATION

This certification should discourage excessive weight reduction and wide variation in weight which could be harmful to the athlete. In accordance with ASAA rules, each wrestler is required to establish a certified minimum weight within sixty (60) calendar days prior to the first team competition and is prohibited from certifying at a lower weight during the season. After the first 30 days of the season, a wrestler may not weigh-in more than one weight class above the certification without recertifying at a higher weight. A student weighing in more than one weight class above his/her minimum weight will be automatically recertified at the higher weight. A student beginning wrestling after the start of the season must have his/her weight determined before his/her first competition.

Student | **Today's Weight**

Date of birth _____/_____/_____ | **Grade** | **School**

Weight class (circle one)

103 112 119 125 130 135 140 145 152 160 171 189 215 285

Guideline for Medical Provider:

When certifying weight classifications, providers must be aware of the NFHS Rules (Rule 1.5.2) regarding appropriate minimum weight certification.

1. A minimum of 7% body fat for males.
2. **Initial weight should be with the athlete being appropriately hydrated (before physical activity).**
3. Controlled weight loss for those athletes with higher than minimum body fat should not exceed 1.5% of body weight in pounds per week. Note: Medical providers may utilize calipers or urine specific gravity (not more than 1.025) to measure body fat or hydration.

Medical Certification

I certify that I have examined the above named student. I have circled the minimum weight class at which this student may wrestle.

Name of Medical Doctor, Physician's Assistant, Advanced Nurse Practitioner or Doctor of Chiropractic (circle which)

Signature | **Date** _____/_____/_____

Address | **Phone**

Parent/Guardian name (please print) | **Parent/Guardian signature** | **Date** _____/_____/_____

NOTE: DO NOTE SEND THIS WEIGHT CERTIFICATION FORM TO THE ASAA OFFICE, BUT KEEP ON FILE AT THE SCHOOL. YOU MUST INDICATE THE WEIGHT CERTIFICATION IN THE STUDENT ACTIVITIES REPORTING SYSTEM (SARS) BEFORE THE STUDENT WILL BE ELIGIBLE TO WRESTLE.

GIRLS WRESTLING WEIGHT CERTIFICATION

This certification should discourage excessive weight reduction and wide variation in weight which could be harmful to the athlete. In accordance with ASAA rules, each wrestler is required to establish a certified minimum weight within sixty (60) calendar days prior to the first team competition and is prohibited from certifying at a lower weight during the season. After the first 30 days of the season, a wrestler may not weigh-in more than one weight class above the certification without recertifying at a higher weight. A student weighing in more than one weight class above his/her minimum weight will be automatically recertified at the higher weight. A student beginning wrestling after the start of the season must have his/her weight determined before his/her first competition.

Student | **Today's Weight**

Date of birth _____/_____/_____ | **Grade** | **School**

Weight class (circle one)

100G 107G 114G 120G 126G 132G 138G 145G 152G 165G 185G 235G

Guideline for Medical Provider:

When certifying weight classifications, providers must be aware of the NFHS Rules (Rule 1.5.2) regarding appropriate minimum weight certification.

1. A minimum of 12% body fat for females.
2. **Initial weight should be with the athlete being appropriately hydrated (before physical activity).**
3. Controlled weight loss for those athletes with higher than minimum body fat should not exceed 1.5% of body weight in pounds per week. Note: Medical providers may utilize calipers or urine specific gravity (not more than 1.025) to measure body fat or hydration.

Medical Certification

I certify that I have examined the above named student. I have circled the minimum weight class at which this student may wrestle.

Name of Medical Doctor, Physician's Assistant, Advanced Nurse Practitioner or Doctor of Chiropractic (circle which)

Signature | **Date** _____/_____/_____

Address | **Phone**

Parent/Guardian name (please print) | **Parent/Guardian signature** | **Date** _____/_____/_____

NOTE: DO NOTE SEND THIS WEIGHT CERTIFICATION FORM TO THE ASAA OFFICE, BUT KEEP ON FILE AT THE SCHOOL. YOU MUST INDICATE THE WEIGHT CERTIFICATION IN THE STUDENT ACTIVITIES REPORTING SYSTEM (SARS) BEFORE THE STUDENT WILL BE ELIGIBLE TO WRESTLE.

WRESTLING WEIGHT CERTIFICATION

The following site may be helpful for providers to learn more about weight management and easy methods of body fat analysis:

http://www.muscleandstrength.com/tools/how-to-measure-bodyfat-using-calipers.html

Excessive and repetitive weight loss can cause decreased strength and decreased athletic and academic performance as well as place the athlete at significant health risk.

Dehydration and starvation do not promote peak performance and should not be tolerated by coaches, wrestlers, and their parents.

A variety of inexpensive calipers such as Accumeasure or Slim Guide, for example are easily available on Amazon or other sites. ASAA does not endorse any specific brand or mechanism of determining body fat.