



# Wrestling Weight Control FINAL Appeal Form

Date: \_\_\_\_\_

School: \_\_\_\_\_

Wrestler's Name: \_\_\_\_\_ Year In School: 9 10 11 12

Date of the appeal test: \_\_\_\_\_

Name of the person conducting the appeal test: \_\_\_\_\_ ID #: \_\_\_\_\_

Location of the appeal test: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

We understand that the results of the appeal test will replace the previous skinfold results, that they cannot be appealed and that the wrestler may not wrestle until the results of the appeal are posted in the IHSA Schools Center.

**Note: If the person weights less that 1½ percent per week from the first test, this appeal is void and must take the results of the first test.**

1. Take a copy of this form with you and give it to the person doing the appeal test.
2. Fax a copy of this appeal form to the IHSA office by Friday of week 24 of the IHSA standardized calendar.
3. E-Mail: jlitwiler@ihsa.org along with a copy of all weigh-in sheets to date.
4. Confirm receipt of Appeal Form by the IHSA.

**To be filled out and faxed back to the  
IHSA office by the person doing the appeal test.**

\_\_\_\_\_ ID Number: \_\_\_\_\_

Appeal Date: \_\_\_\_\_ Tester's Signature: \_\_\_\_\_

Alpha Weight: \_\_\_\_\_

Passed Urine Specific Gravity Test : \_\_\_\_\_ yes (If no, the person may not test on this date.)

**Hydrostatic Weighing**

% Body Fat \_\_\_\_\_

**Bio-Impedance Measurement**

% Body Fat \_\_\_\_\_

**Skin Fold Test**

Triceps \_\_\_\_\_

Abdominal \_\_\_\_\_

Subscapula \_\_\_\_\_