



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. IHSA Fax: 309-663-7479 or E-Mail: ccharlton@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 _____