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: lmatson@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.)

<table>
<thead>
<tr>
<th>Hydrostatic Weighing</th>
<th>Skin Fold Test</th>
</tr>
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<tbody>
<tr>
<td>% Body Fat</td>
<td>Triceps</td>
</tr>
<tr>
<td>Bio-Impedence Measurement</td>
<td>Abdominal</td>
</tr>
<tr>
<td>% Body Fat</td>
<td>Subscapula</td>
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</tbody>
</table>