



Wrestling Weight Control 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 weighs less than 1 1/2 percent of the first test, this appeal is void and must take the results of the first test.

1. Fax a copy of this appeal form to the IHSA office within 7 calendar days of the date of the first body fat test.
IHSA FAX: 309-663-7479 or email to imatson@ihsa.org. (Note: Completion of the Appeal must be within 7 calendar days of the date of the first body fat test).
2. Take a copy of this form with you and give it to the person doing the appeal test.
3. 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: _____ (Must not be less than 1.5% of first test weight)

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

<u>Hydrostatic Weighing</u>	<u>Skin Fold Test</u>
% Body Fat _____	Triceps _____
<u>Bio-Impedance Measurement</u>	Abdominal _____
% Body Fat _____	Subscapula _____