NWCA Scholastic Wrestling Weight Certification

NSAA Wrestling Weight Management
2011-12 Initial Assessment to Determine Minimum Wrestling Weight

Name of Student-Athlete (first, initial, last): Test Wrestler
School Name: Nsaa, NE
Gender: Male
Grade: 11
Alpha Date: 11/7/2011

Please use this calendar or enter with the following format (mm/dd/yyyy)

Urine Specific Gravity: Pass

CALCULATION OF MINIMUM WRESTLING WEIGHT

Alpha Body Weight (BW) (Recorded to tenth of a pound, no rounding.) BW = 134
Height: 5ft. 8.00 in.

BODY DENSITY (BD) Calculate body density by using SKIN-FOLD measurements. (To the nearest half of a millimeter)

<table>
<thead>
<tr>
<th>SKIN-FOLD MEASUREMENTS</th>
<th>Test 1</th>
<th>Test 2</th>
<th>Test 3</th>
<th>Median Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triceps (T)</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Subscapular (S)</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Abdominal (A)</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

Median(T) + Median(S) + Median(A) = Sum Skin-Folds (SUM SF) = 18

BD = 1.0829

Bod Pod Used:
Use BodPod: No

Body Fat:
Body Fat = 7.81411

Minimum Wrestling Weight (MWW)
MWW = 132.8

State Variance
State Variance = 2.00% Round Down

Minimum Wrestling Weight w/Variance (MMWW)
MMWW = 130

Number of Days to Deadline Date
# Days to Deadline = 75

Minimum Wrestling Weight After Deadline
MWW After Deadline = 130

Minimum Weight Class (MWC)
MWC = 132

THERE IS NO EVIDENCE, SCIENTIFIC OR OTHERWISE, THAT THE MINIMAL WRESTLING WEIGHT IS THE OPTIMAL WEIGHT FOR WRESTLING PERFORMANCE.

CERTIFICATION

By signing this form you certify that you have reviewed and comprehend the NSAA Wrestling Weight Monitoring Program. You also certify that this assessment was performed in accordance with standard protocols outlined in the NSAA Wrestling Weight Monitoring Program and shall only be recalculated by following the appeal procedures as stated in the regulation.

Head Coach Signature: ___________________________ Date: ___________________________
Student Athlete Signature: ___________________________ Date: ___________________________

This form must be completed no later than the first official competition. Medical Clearance forms must be completed and faxed to the NSAA state office prior to the first competition.