

**New York State Public High School Athletic Association, Inc.
WRESTLING MINIMUM WEIGHT CERTIFICATION
INDIVIDUAL PROFILE FORM - MALES**

Coach: Please complete (print) to dotted line

Name: _____ Grade: _____
Last First

School: _____ Section: _____

Town/City of School: _____

Athletic Director's email address: _____

Race: Caucasian, Hispanic, Black, Asian, Native American, Other _____

DATA COLLECTION

Urinalysis: Specific gravity of urine: _____ (indicate pass or fail)
 Must be 1.025 or lower for testing to continue

Assessor: _____

Weight: _____ lbs.

SKINFOLD MEASUREMENTS (SF)
(nearest .5 mm)

| | | | | Average |
|-------------|-------|-------|-------|-----------|
| Triceps | _____ | _____ | _____ | _____ |
| Subscapular | _____ | _____ | _____ | _____ |
| Abdominal | _____ | _____ | _____ | _____ |
| | | | | _____ SUM |

Take 2 in series.
 If difference is less than or equal to .5 mm, record average.
 If difference is greater than .5 mm, take a 3rd and record average.

MINIMUM WRESTLING WEIGHT CALCULATIONS

BODY DENSITY (BD) from Lohman Equation

$$BD = 1.0973 - \left(\frac{\text{_____}}{\text{SUM SF}} \times .000815 \right) + \left(\frac{\text{_____}}{\text{SUM SF}} \right)^2 \times .00000084$$

$$BD = 1.0973 - \left(\frac{\text{_____}}{\text{_____}} \right) + \left(\frac{\text{_____}}{\text{_____}} \right)$$

$$BD = \frac{\text{_____}}{\text{_____}}$$

% BODY FAT (BF) from Brozek Equation

$$\%BF = (4.57 \div \frac{\text{_____}}{\text{BD}} - 4.142) \times 100$$

Use data sheet on page 16 of Assessors Manual

$$\%BF = \frac{\text{_____}}{\text{_____}}$$

CALCULATING MINIMUM WEIGHT AT 7% BF

$$7\% \text{ BF weight} = \left[1 - \left(\frac{\%BF}{100} \right) \times \frac{\text{current weight}}{\text{_____}} \right] \div .93$$

or

$$\text{Minimum Weight at 7\% BF} = \frac{\text{_____}}{\text{_____}} \text{ lbs.}$$

_____ **Minimum Weight Class**

NYSPHSAA Assessor _____ Date _____

Send one copy to the Athletic Director - Keep one copy for your files

New York State Public High School Athletic Association, Inc.
WRESTLING MINIMUM WEIGHT CERTIFICATION
INDIVIDUAL PROFILE FORM - FEMALES

Coach: Please complete (print) to dotted line

Name: _____ Grade: _____
Last First

School: _____ Section: _____

Town/City of School: _____

Athletic Director's email address: _____

Race: Caucasian, Hispanic, Black, Asian, Native American, Other _____

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DATA COLLECTION

Urinalysis: Specific gravity of urine: _____ (indicate pass or fail)
 Must be 1.025 or lower for testing to continue

Assessor: _____

Weight: _____ lbs.

SKINFOLD MEASUREMENTS (SF)

(nearest .5 mm)

Average

Triceps _____

Subscapular _____

_____ SUM

Take 2 in series. If difference is less than or equal to .5 mm, record average.
 If difference is greater than .5 mm, take a 3rd and record average.

MINIMUM WRESTLING WEIGHT CALCULATIONS

$$\%BF = \left(\frac{\quad}{SUM SF} \times 1.33 \right) - \left(\frac{\quad}{SUM SF}^2 \times .013 \right) = \quad - 2.50$$

%BF = _____

CALCULATING MINIMUM WEIGHT AT 14% BF

$$14\% BF \text{ weight} = \left[1 - \left(\frac{\quad}{\%BF} \div 100 \right) \times \frac{\quad}{\text{current weight}} \right] \div .86$$

or

Minimum Weight at 14% BF = _____ lbs.

 Minimum Weight Class

NYSPHSAA Assessor _____ Date _____

Send one copy to the Athletic Director - Keep one copy for your files

Form #1

**NYSPHSAA
WRESTLING WEIGHT CERTIFICATION REPORT**

SCHOOL _____ COACH _____ YEAR _____

ASSESSOR _____ DATE OF ASSESSMENT _____

ASSESSOR: A copy of each school's Wrestling Weight Certification Report is to be sent to your Section Assessor Consultant upon completion of assessment. (You may email as an attachment or send through the US mail.) The names and addresses are listed in the Assessor's Handbook. A copy of this report is to be emailed to the Athletic Director of each school whose team you assess, along with sending a copy of each wrestler's individual profile.

ATHLETIC DIRECTOR: Keep a copy of the Wrestling Weight Certification Report on file. Sign and send a copy to your Section's Wrestling Coordinator. The school must also have on file the assessor's report for each individual wrestler.

ALL FILING MUST BE COMPLETED BEFORE THE FIRST MATCH.

| WRESTLER'S NAME | GRADE | WEIGHT @ Exam | % BODY Fat | MINIMUM WEIGHT CLASS |
|-----------------|-------|---------------|------------|----------------------|
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Athletic Directors Signature _____ Date _____