

INDIVIDUAL PROFILE DATA FORM

WRESTLER'S IDENTIFICATION INFORMATION

Please complete the requested information immediately below, prior to arriving at your weight certification assessment:

****Coaches:** Please make a copy of this form for each of your wrestlers. This form must be given to your Certified Assessor to complete the assessment for each wrestler. The Certified Assessor will retain this form.

Parental Permission Form signed: yes X no _____ (if no, do not assess wrestler)

Please complete (PRINT) the first three lines.

Name: _____ Grade: 9 10 11 12
Last, First MI

School: Capistrano Valley High School

Gender: M / F Age: _____ Date of Birth: _____

DATA COLLECTION INFORMATION

To be completed ONLY by the CIF Assessor or designated Assistant

(Date of) Initial Assessment _____

(Date of) Appeal of Initial Assessment _____

(Circle One) **BODYMETRIX**

1. HEIGHT MEASUREMENT:

Height: (Actual) _____ (nearest 1/2") _____

2. BODY COMPOSITION TESTING (BODYMETRIX)

Weight: _____ lbs BODY FAT % _____

CIF Assessor's signature _____ Alpha Date _____

CIF Assessor's Name Brad McReynolds

PARENTAL PERMISSION FORM

I hereby grant Capistrano Valley High School permission to allow an assessment to be performed by a CIF Certified Assessor provided for my son/daughter for the purpose of determining body fat under the CIF Wrestling Weight Certification Program. I understand that the CIF requires this assessment to be completed in order for my son/daughter to be eligible to compete in wrestling in any CIF competition.

I hereby agree to release, discharge and forever hold harmless the CIF, the school and CIF Certified Assessors from any and all claims, I am free to deny any consent for my son/daughter both now and at any point during the testing.

I acknowledge that I have read this form in its entirety or it has been read to me, and I understand the testing procedure in which my son/daughter may be engaged. I consent and give permission for my son/daughter to participate in this assessment.

DATE October 15, 2022

NAME OF STUDENT-ATHLETE _____

STUDENT SIGNATURE _____

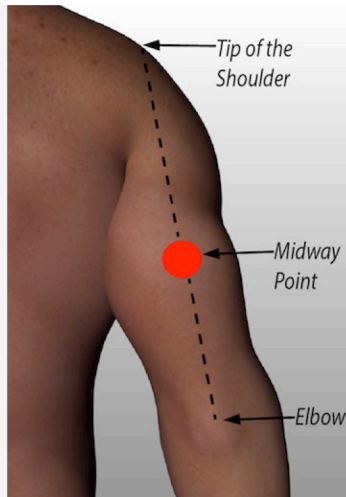
NAME OF PARENT/GUARDIAN _____

PARENT/GUARDIAN SIGNATURE _____

PLEASE RETURN NO LATER THAN October 15, 2022

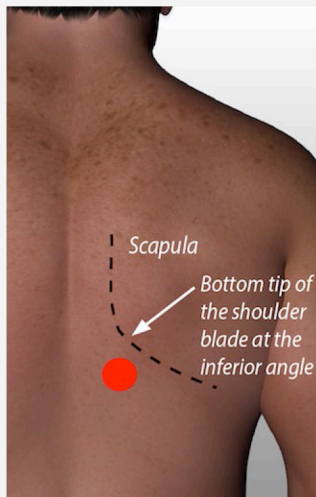
TO: Head Wrestling Coach

Male Wrestler Measurement Sites



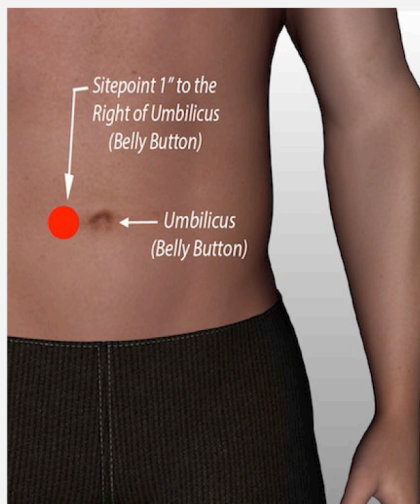
Tricep

After applying a dime-size amount of ultrasound gel to the head of the device, place on the site point midway between the tip of the shoulder and the elbow. Spread the gel within the optimal area, then press the button for 2-5 seconds while moving the device up and down 1/4" to 1/2" through the site.



Scapula

After applying a dime-size amount of ultrasound gel to the head of the device, place on the site point just below the bottom tip of the shoulder blade at the inferior angle. Spread the gel within the optimal area, then press the button for 2-5 seconds while moving the device up and down 1/4" to 1/2" through the site.



Waist

After applying a dime-size amount of ultrasound gel to the head of the device, place on the site point one inch to the right of the umbilicus. (belly button) Spread the gel within the optimal area, then press the button for 2-5 seconds while moving the device side-to-side 1/4" to 1/2" through the site.

Female Wrestler Measurement Sites

