



WRESTLING PERMISSION FORM

KHSAA Form WR101
Rev. 12/05

Required for Each Wrestler

(to be completed and signed by all parties prior to first contest of each season)
Use bottom section for sub-7% Wrestlers

SCHOOL	
WRESTLER'S FIRST NAME (PRINT):	
WRESTLER'S LAST NAME (PRINT):	
Grade (7 / 8 / 9 / 10 / 11 / 12)	
Gender (M/F)	
Birthday	

After considering the weight, health factors, history and all consideration of this athlete and his /her well being, we who have signed below and whose names are printed above agree that the above referenced athlete is physically fit and has permission to participate in wrestling

COACH'S NAME (PRINT): _____

PARENT'S NAME (S) (PRINT): _____

WRESTLER SIGNATURE _____ DATE _____

COACH SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

ADDITIONAL INFORMATION FROM WEIGHT ASSESSOR

Date of Testing – Enter Date of assessment	
Urine Specific Gravity – Use reagent strips or urinometer. Record reading.	
Alpha Weight (stripped scale weight as of this date)	
Percent Body Fat - From BIA or BODPOD analysis	

If taking skin fold measurements, take 3 to nearest .5 mm at each point -	Measure 1	Measure 2	Measure 3
Triceps skin-fold per instructions			
Subscapular skin-fold per instructions			
Abdominal skin-fold per instructions			

ASSESSOR SIGNATURE _____ DATE _____

ASSESSOR ADDRESS: _____

ADDITIONAL INFORMATION WRESTLER AT SUB 7% BODY FAT

Any male wrestler whose body fat percentage at the time of measurement (Alpha Date) is below 7% must obtain in writing a licensed physician's (M.D. or D.O.) clearance stating that the athlete is naturally at this sub-7% body fat level. In the case of a female wrestler, written physician's clearance must be obtained for athletes who are sub-12% body fat. A physician's clearance is for one season duration and expires April 1 of each school year.

The wrestler named has received clearance as provided by the Kentucky High School Athletic Association Minimum Weight Certification Program to participate at a wrestling weight not lower than his/her Alpha Weight (present weight) which is below the 7% (male) or 12% (female) minimum body fat allowance. EXAMPLE: Alpha weight 110 pounds; 7% weight 114 pounds. Wrestler may wrestle no lower than the 112 pound weight class.

PHYSICIAN SIGNATURE _____ DATE _____

PHYSICIAN ADDRESS: _____

NOTE: The physician signature above is the only document accepted as a "Physician's Clearance." Copies of this form shall be attached to the Wrestling Permission Form and provided to opposing coaches and included with the KHSAA tournament entry materials. Mail a copy of this form to the KHSAA. Deadline for this form to be post marked is the December 22 of each year.