



Northern Section, CIF
 2241 St. George Lane, Suite 2
 Chico, CA 95926
 Phone: 530-343-7285
 Fax 530-343-5619
 Web Site: www.cifns.org

California Interscholastic Federation

INDIVIDUAL PROFILE 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** _____ **no** _____ (if no, do not assess wrestler)

(Check one) Initial Assessment _____ Retest Failed Hydration _____ Appeal of Initial Assessment _____

Assessment _____ Date of Initial Assessment _____

Please complete (PRINT) the first three lines.

Name: _____ **Grade:** 9 10 11
 12

Last, First MI

School: _____

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

DATA COLLECTION INFORMATION

To be completed ONLY by the CIF Assessor or designated Assistant

1. HYDRATION TEST:

Specific Gravity of urine: **READING** _____ **PASS** _____ **FAIL** _____
 *(must be 1.025 or LOWER for assessment to continue)

2. HEIGHT MEASUREMENT:

Height: _____ (nearest 1/2") _____

3. BODY COMPOSITION TESTING (Tanita Scale)

Weight: _____ lbs **Tanita FAT %** _____

CIF Assessor's signature _____ **Alpha Date** _____

CIF Assessor's Name _____

*If a wrestler is dehydrated and does not meet the standard (1.025 or lower), any further testing stops. The wrestler cannot be tested again for 24 hours from the time he/she failed the previous test. Assessors must forward completed Student Profile Forms with Tanita thermal printouts attached to:

Northern Section
 2241 St. George Lane, Suite 2, Chico, CA 95926