

School: _____

140 Pounds (or less) **Weight**

1. _____
2. _____
3. _____
4. _____

152 Pounds (or less) **Weight**

1. _____
2. _____
3. _____
4. _____

171 Pounds (or less) **Weight**

1. _____
2. _____
3. _____
4. _____

215 Pounds (or less) **Weight**

1. _____
2. _____
3. _____
4. _____

145 Pounds (or less) **Weight**

1. _____
2. _____
3. _____
4. _____

160 Pounds (or less) **Weight**

1. _____
2. _____
3. _____
4. _____

189 Pounds (or less) **Weight**

1. _____
2. _____
3. _____
4. _____

275 Pounds (or less) **Weight**

1. _____
2. _____
3. _____
4. _____

I hereby certify that the information contained herein is completely accurate.

(Principal's Signature)

Please mail or fax a copy to your League Commissioner/President and the Section Commissioner (476-3831) by January 23, 2006.

If certification is not on file by this date, the team in violation will forfeit each dual match they wrestle in after the aforementioned date until certification is complete. Please keep a copy for your file.

CIF CALIFORNIA INTERSCHOLASTIC FEDERATION

NORTHERN SECTION

Elizabeth Kyle, Commissioner
P.O. Box 9330
Red Bluff, CA 96080

Telephone: 530-528-9300
Fax: 530-528-9333
website: www.cifns.org
e-mail: lkyle@cifns.org

LATE CERTIFICATION OF MINIMUM WRESTLING WEIGHT

Wrestlers certifying their minimum weight after January 15 must be verified on this form. The minimum weight established must be determined by his/her first interscholastic competition following resumption of practice or within 7 days, whichever comes first.

CALIFORNIA RULE ADOPTED CERTIFICATION EXCEPTIONS

- A. **Certification Exception 1:** A student under doctor's care must weigh-in at the original weight before the student competes or within seven (7) days whichever comes first following the student's release from the doctor.
- B. **Certification Exception 2:** A student who becomes eligible after January 15th must weigh-in at the original weight before the student competes or within seven (7) days whichever comes first following the student becoming eligible.

Name: _____ School: _____
(Last) (First)

Exact Weight: _____

Weigh-In Supervisor: _____
(Official, Administrator, or Athletic Director's printed name, position, and signature)

Give specific reasons for the late certification:

If ill or injured, you must attach a doctor's verification of release.

Signature: _____
(Principal)

Date wrestler resumed/started practice: _____

The last date this athlete wrestled was on ____ / ____ / ____ at _____ pounds.

Signature: _____
(Signature of Wrestling Coach)

Date: ____ / ____ / ____

Note: Mail the original copy immediately to the Northern Section Office. Also send a copy to the Section Wrestling Committee Chair.

October 14, 2003