CIF Southern Section
10932 Pine Street
Los Alamitos, CA 90720
Phone: 562-493-9500
Fax 562-493-6266
Web Site: www.cifss.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**_____

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 ½")** _____

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:
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