New York State Public High School Athletic Association Inc.
WRESTLING MINIMUM WEIGHT CERTIFICATION
INDIVIDUAL PROFILE FORM – FEMALES

Coach: Please complete (print) to dotted line

Name: ______________________________ Grade: ______
Last First

School: ______________________________ Section: ______

Town/City of School: ______________________________

Race: Caucasian, Hispanic, Black, Asian, Native American, Other______

Desired weight class: __________ Birth date: ______________

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DATA COLLECTION

Urinalysis: Specific gravity of urine: _________ (indicate pass or fail)
Must be **1.025** or lower for testing to continue

Assessor: ______________________________

Weight: __________ lbs.

SKINFOLD (MEASUREMENTS (SF)
(nearest .5 mm) (Round to 2 places)

				Average
Triceps	______	______	______	______
Subscapular	______	______	______	______

Take 2 in series
If difference is less than or equal to .5 mm, record average.
If difference is greater than .5 mm, take a 3rd and record average.

_______ **SUM**

MINIMUM WRESTLING WEIGHT CALCULATIONS

%BF = (_________ x 1.33) - (_________^{2} x .013) = _______ -2.50
SUM SF SUM SF

%BF = ______________________ (Round to 8 places)

CALCULATING MINIMUM WEIGHT AT 14% BF

14% BF weight = [1- (_________ / 100) x _________] / .86
% BF current weight

or

Minimum Weight at 14% BF = __________ lbs. (Round to 2 places)

______________ Minimum Weight Class

NYSPHSAA Assessor ______________________ Date __________

Send one copy to the Athletic Director - Send one copy to Sectional Chairman - Keep one copy for your files