

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: _____



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

$$\%BF = \left(\frac{\text{_____}}{\text{SUM SF}} \times 1.33 \right) - \left(\frac{\text{_____}^2}{\text{SUM SF}} \times .013 \right) = \text{_____} - 2.50$$

$$\%BF = \text{_____} \quad (\text{Round to 8 places})$$

CALCULATING MINIMUM WEIGHT AT 14% BF

$$14\% \text{ BF weight} = \left[1 - \left(\frac{\text{_____}}{\% \text{ BF}} / 100 \right) \times \frac{\text{_____}}{\text{current weight}} \right] / .86$$

or

$$\text{Minimum Weight at } 14\% \text{ BF} = \text{_____} \text{ lbs.} \quad (\text{Round to 2 places})$$

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