



NORTH COAST SECTION, CIF

12925 Alcosta Blvd., Suite 8

San Ramon, CA 94583

Phone: 925-866-8400 // Fax: 925-866-7100

Web Site: www.cifncs.org

Wrestling Weight Management Program

PHYSICIAN CLEARANCE FORM

WRESTLER BODY FAT ALLOWANCE

Request to allow wrestler to compete with a body fat of less than 7% for boys and 12% for girls.

This form shall be completed and filed with the North Coast Section, Assoc. Commissioner, Gil Lemmon. The athlete may not compete until this form is received and his/her data can be input and the student appears on the school's Wrestling Alpha Master Report & prints their Individual Weight Loss Plan – NCS FAX # 925-866-7100

TO THE PHYSICIAN:

The CALIFORNIA INTERSCHOLASTIC FEDERATION (CIF) has instituted the California Weight Monitoring Program to encourage healthy weight management by interscholastic wrestlers. As part of this program, a minimum weight is established for each wrestler prior to their competitive season. Each wrestler's body fat and lean body mass is measured by a CIF Certified Assessor through Bioelectrical Impedance Analysis (BIA) measurements. The standard error for this method is $\pm 4\%$ for higher weights. A minimum weight is then calculated as 7% body fat for males and 12% for females.

Your patient was assessed during the pre-season as less than 7% body fat (or 12% for females). The athlete is requesting that he or she be allowed to wrestle at his or her present weight – (alpha weight-see below). Because this weight is less than 7% (for males) and 12% (for females) body fat, CIF guidelines require permission from the athlete's personal physician. Most adolescents require 5-7% body fat (males) or 10-12% body fat (females) to achieve optimal growth and development. However, there are some adolescents who are naturally lean and develop normally at a lower percent body fat.

Please evaluate your patient for normal growth and development, paying particular attention to weight fluctuations and his or her growth curve. Based on the patient's history and your examination, determine if his/her present weight is compatible with normal growth, development, and good health.

Thank you,

Gil Lemmon
CIF/North Coast Section Commissioner

Bri Niemi
CIF/NCS Asst. Commissioner

OVER FOR FORM TO BE COMPLETED

**North Coast Section/California Interscholastic Federation
Wrestling Weight Management Program**

PHYSICIAN CLEARANCE FORM

Wrestler's name: _____

School: _____ Grade: 9 10 11 12

CIF/NCS Bioelectrical Assessment (BIA) Results

Date of BIA Assessment: ____/____/2007

Alpha Weight: _____ lbs. Body fat: _____% Height: _____

Wrestling Weight class that immediately exceeds the Alpha Weight: _____ lbs.

Signature of NCS Assessor: _____

I have examined the above named student-athlete and believe that based on the patient's history, and this examination, that his/her present weight is compatible with normal growth, development, and good health. I therefore approve of this student-athlete's participation at the weight class at or above the Alpha Weight listed above.

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

Print Name: _____

Address: _____ City: _____ Zip: _____

PARENTS' STATEMENT

As the parent or guardian of the above named student-athlete I support our doctor's decision regarding our son's/daughter's participation at the weight class at or above the Alpha Weight listed above.

Parent signature: _____ DATE: _____

Print Name: _____ Relationship to student: _____

COACH STATEMENT

As the coach for this athlete I support the doctor's and parent's decision regarding their patient's/son/daughter's participation at the weight class at or above the Alpha Weight listed above.

Coach's Signature: _____ DATE _____

Print Name: _____

PRINCIPAL'S STATEMENT

As the principal of the above named student-athlete's high school I affirm that the process of Physician Clearance has been completed properly.

Principal Signature: _____ Date: _____

Print Name: _____ School: _____

- This form is the only document accepted as a "Physician Clearance."
- FAX a copy of this form to the North Coast Section, Attn. Gil Lemmon.
FAX # 925-866-7100
- The wrestler may not compete until this form is received and his/her data has been entered into the NWCA Web site (allow 72 hours); the student appears on the school's Wrestling **Alpha Master Report**; & the wrestler can print his/her own **Weight Loss Plan**.