North Coast Section
12925 Alcosta Blvd., Suite 8
San Ramon, CA 94583
Phone: 925-866-8400
Fax 925-866-7100
Web Site: www.cifncs.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: **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:

North Coast Section, CIF
Attn. Bri Niemi, Asst. Commissioner
12925 Alcosta Blvd., Suite 8
San Ramon, CA 94583