



**INDIVIDUAL PROFILE DATA 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)

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

(Date of) Initial Assessment \_\_\_\_\_ (Date of) Appeal of Initial Assessment \_\_\_\_\_

(Circle One) **BODYMETRIX**

**2. HEIGHT MEASUREMENT:**

Height: (Actual) \_\_\_\_\_ (nearest 1/2") \_\_\_\_\_

**3. BODY COMPOSITION TESTING (BODYMETRIX)**

Weight: \_\_\_\_\_ lbs. BODY FAT % \_\_\_\_\_

CIF Assessor's signature \_\_\_\_\_ Alpha Date \_\_\_\_\_

CIF Assessor's Name \_\_\_\_\_