



Central Section  
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Web Site: (cifcs.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: **READING** \_\_\_\_\_ **PASS** \_\_\_\_\_ **FAIL** \_\_\_\_\_

\*(must be 1.025 or LOWER for assessment to continue)

#### 2. HEIGHT MEASUREMENT:

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

#### 3. BODY COMPOSITION TESTING (BioMetrix Wand)

Weight: \_\_\_\_\_ lbs. WAND 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 to: (Central Section Office) (PO Box 1567, Porterville, CA, 93258)