Minnesota State High School League

# Wrestling Weight Permit

**NOTE TO SCHOOL OFFICIALS**

Each student participating in wrestling must have a current participation clearance and must submit the annual Wrestling Weight Permit properly signed by the skin fold measurement technician, a physician and the student's parent before engaging in any inter-school wrestling match.

This permit must be kept on file in the school office and be available on request.

A report on weight classification must be filed with League Office.

**NOTE TO PHYSICIAN AND PARENT**

The purpose of this report is to prevent undue and unsafe weight reduction for competitive purposes--weight reduction which might jeopardize the physical, scholastic and psychological well-being of the student. During the wrestling season, which can extend to early March, the student-athlete should eat and drink normally while in training and participating in wrestling activities.

**This weight permit form cannot be changed by modification nor by a second examination. There will be no exception to this rule.**

Student: _____ School: _____

Date of Birth: _____ Age: _____ Years in Wrestling: _____

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The MSHSL Wrestling Weight Certification Committee **REQUIRES** that the minimum wrestling weight be established based on body fat. Following is the **REQUIRED** protocol.

Skin fold measurement sites (Thickness in mm)

Infrascapular (below medial lower angle of scapula) _____

Abdominal (to right of umbilicus) _____

Tricep _____ _____

Sum Skin Folds (SSF) [ _____]

Weight (on date of examination) _____

**Equations**

Body density (BD) = {1.0973 - (SSF x .000815)} + {(SSF)$^2$ x .00000084}

BD = {1.0973 - (_____ x .000815)} + {(_____)$^2$ x .00000084} = _____

% Body fat (% BF) = {(4.57/BD) - 4.142} x 100

% BF = {(4.57/_____) - 4.142} x 100 = _____

Weight at 7% BF = {[1-(% BF/100)] x Weight}/.93

= {[1 - (_____% BF/100)] x Weight}/.93 = _____

Standard error allowance = 3%

**Minimum Wrestling Weight = Weight at 7% BF x .97**

**= _____ x .97 = [_____]**

_____ _____

Signature of Skin fold Measurement Technician Date

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**Physician's Recommendation**

As the attending physician, I have personally examined this student and recommend that the student-athlete designated above should not be allowed to wrestle in any weight classification less than the listed weight class circled below:

| 103 | 112 | 119 | 125 | 130 | 135 | 140 | 145 | 152 | 160 | 171 | 189 | Hwt. (275) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

_____ Date Examined: _____

Signature of Physician

**Parent's Recommendation**

As a parent, I am responsible for the health and welfare of my child. I have read the recommendation of the examining physician and I request that the student-athlete designated above should not be allowed to wrestle in any weight classification less than the listed weight class circled below:

| 103 | 112 | 119 | 125 | 130 | 135 | 140 | 145 | 152 | 160 | 171 | 189 | Hwt. (275) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

The higher of the two weight class designations recommended by the Parent or the Physician shall be the minimum weight class for competition.

_____ Date: _____

Signature of Parent