2026-2027
OSSAA WRESTLING WEIGHT MANAGEMENT PROGRAM
STUDENT DATA INFORMATION AND TESTING FORM

To be completed by the coach and parent prior to the wrestler being tested:

Please print

1. Name of student _____
2. Name of school _____
3. Grade in school _____ Gender: Male _____ Female _____
4. Parental or Guardian consent: I hereby give my permission for the above named wrestler to be tested by a certified assessor for hydration and body fat analysis. The hydration testing will be a urine analysis which will only test for hydration. The body fat testing will be done by skin fold calipers or a bioelectrical impedance machine. Failure to sign this consent will result in a wrestler not being tested and ineligible to compete in high school wrestling.

Parent or Guardian Signature _____

To be completed by the assessor:

5. Date of Assessment _____
6. Hydration Test: Pass _____ Fail _____
7. Body Weight (Measured to a tenth of a pound, no rounding) _____

Complete either #8 or #9

8. Skin Fold Measurements:

	Test 1	Test 2	Test 3
a. Triceps	_____	_____	_____
b. Subscapular	_____	_____	_____
c. Abdominal (Male only)	_____	_____	_____

9. Bio-Impedance Assessment
   a. Student's Height _____
   b. Percentage of Body Fat _____
   c. Attach printer tape from the Tanita Bioelectrical Impedance 300WA machine (athletic male mode) to this form