

APPEALS FORM FOR WRESTLING

****All appeals must be submitted within 14 days of the initial assessment****

****Please read all information below before submitting form on reverse to NCHSAA. Appeal must be approved by NCHSAA prior to the deadlines listed.****

PART I - Request to wrestle with bodyfat % below minimum established.

If a wrestler's bodyfat is below the minimum established, 7 % for males and 12 % percent for females, permission can be granted for the wrestler to participate if approved by a physician.

******Please complete Part I, must be approved by NCHSAA prior to first competition.**

PART II - Appeal of minimum weight.

In accordance with NCHSAA weight loss guidelines a wrestler may appeal his initial skinfold measurements. The following is a list of options available. This appeal process is not in place to give the wrestler an opportunity to lose additional weight and be re-measured in order to achieve a lower minimum weight. It is available if there is any question on the accuracy of the initial measurements. Complete Part III of the form on reverse and indicate which option below was used.

Option 1 – Process must be completed, and form approved by NCHSAA prior to wrestler's first competition:

Request initial calculations are recomputed by school personnel. If 2nd calculation is not accepted, the wrestler can request to be re-measured by the same skinfold measurer. Wrestler then chooses which measurement to accept. **NOTE: The original weight will be used in the re- calculation. Only the skinfold measurement will be retaken.**

Option 2 – Process must be completed, and form approved by NCHSAA prior to wrestler's first competition

Wrestler does not ask for calculations to be recomputed, or for skinfold measurements to be retaken, but opts to be hydrostatically weighed at a facility approved by skinfold measurer.



**Return to North Carolina High School Athletic Association
(919) 240-7398 FAX**



****THIS MUST BE COMPLETED AND SUBMITTED TO THE NCHSAA FOR APPROVAL WITHIN
14 DAYS OF THE INITIAL ASSESSMENTS AND BEFORE THE WRESTLER COMPETES.****

This appeal is for: (check one) _____ % bodyfat - complete **Part I** only _____ Minimum weight - complete area **Part II** only

Name of Wrestler: _____

Name of School: _____ Classification: _____

Part I – requires physician's and parents'/custodians' signatures

Assumption of risk: I understand the established guidelines indicate that the minimum bodyfat % for males is 7% and 12% for females. However, I feel that it is safe and healthy for the individual named above to participate in wrestling with a lower % bodyfat than the guidelines allow.

Medical Office Name: _____

Address: _____

Phone #: _____

Physician: _____
SIGNATURE PRINT

Parents/Custodians: _____
SIGNATURE PRINT

Part II – Indicate which option described on reserve was used: Option # _____

Results of testing: _____ Actual weight _____
(reminder: actual weight from date of 1st measurements must be used on date of 2nd measurements)

Date 1st measurements were taken: _____ Minimum weight at that time: _____

Date 2nd measurements were taken: _____ Minimum weight at that time: _____

****If hydrostatic measuring was used, complete this part:**

Name of Facility Used _____ Minimum weight _____

Head Coach: _____
SIGNATURE PRINT

Skinfold Measurer: _____
SIGNATURE PRINT