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.
**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: _______

<table>
<thead>
<tr>
<th>Part I – requires physician’s and parents’/custodians’ signatures</th>
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<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
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Medical Office Name: ___________________________________________________________

Address: ______________________________________________________________________

Phone #: ______________________________________________________________________

Physician: ____________________________________________________________  SIGNATURE  PRINT

Parents/Custodians: ____________________________________________________________  SIGNATURE  PRINT

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<thead>
<tr>
<th>Part II – Indicate which option described on reserve was used: Option # ______</th>
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<tr>
<td>Results of testing: __________________________  Actual weight ________</td>
</tr>
<tr>
<td>(reminder: actual weight from date of 1st measurements must be used on date of 2nd measurements)</td>
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</tbody>
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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