



Lancaster High School

Wrestling Team

44701 North Eagle Way
Lancaster, California 93536
(661)726-7649
<http://www.lancasterwrestling.org>

PARENTAL PERMISSION FORM

I hereby grant Lancaster high school permission to allow a hydration assessment to be performed by a CIF Certified Assessor on a urine sample provided by my son/daughter for the purpose of determining if the appropriate hydration level has been met under the CIF Wrestling Weight Certification Program. I understand that the CIF requires this assessment to be completed in order for my son/daughter to be eligible to compete in wrestling in any CIF competition for the 2006-2007 school year.

By my signature below I understand that my son/daughter agree to the following:

- A 20-30ml (1-2 oz) urine sample will be provided by my /son/daughter in a restroom facility for the sole purpose of being analyzed for the hydration (specific gravity) to be measured and recorded by a CIF Assessor.
- My son/daughter's sample will remain in their possession and under their direct supervision throughout the assessment. They will dispose of their own sample upon completion of the assessment.

I further understand the following:

- The location where the sample is being provided will be supervised by school personnel to ensure that the wrestler has provided a sample of his/her own urine without any contamination (females will supervise locations used by female wrestlers; males will supervise locations used by male wrestlers).
- Every reasonable measure will be taken to ensure privacy for the wrestler when he/she is submitting a urine sample.
- Other than for the hydration testing, the urine sample provided will not be used for any other type of analysis or testing.
- The National Institute of Health recommends that individuals who have implanted defibrillators should not participate in this test. There is no scientific evidence that bioelectrical impedance is safe on the fetus during pregnancy.

I hereby agree to release, discharge and forever hold harmless the CIF, the school and CIF Certified Assessors from any and all claims, which I might now, or hereby have with respect to the urine testing I am consenting to herein. I am free to deny any consent for my son/daughter both now and at any point during the testing.

I acknowledge that I have read this form in its entirety or it has been read to me, and I understand the hydration testing procedure in which my son/daughter will be engaged. I consent and give permission for my son/daughter to participate in this hydration testing.

DATE _____

NAME OF STUDENT-ATHLETE _____

STUDENT SIGNATURE _____

NAME OF PARENT/GUARDIAN _____

PARENT/GUARDIAN SIGNATURE _____

PLEASE RETURN TO: COACH HAYHURST



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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: <i>yes</i> _____ <i>no</i> _____ (if no, do not assess wrestler) | | | |
| Please complete (PRINT) the first three lines. | | | |
| Name: _____ | Grade: 9 | 10 | 11 12 |
| Last, | First | MI | |
| School: <u>Lancaster; CA901409</u> | | | |
| Gender: M / F | Age: _____ | Date of Birth: _____ | |

DATA COLLECTION INFORMATION

To be completed ONLY by the CIF Assessor or designated Assistant

CIF Assessor: _____

1. HYDRATION TEST:

Specific Gravity of urine: _____ PASS _____ FAIL _____

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

2. HEIGHT MEASUREMENT:

Height: _____ (nearest 1/2") _____

3. BODY COMPOSITION TESTING (Tanita Scale)

Weight: _____ lbs Tanita FAT % _____

CIF Assessor's signature _____ Date _____

*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 will keep completed Student Profile Forms with Tanita thermal printouts attached until the wrestling season has ended.