



**To:** Wrestling Parents  
**SUBJECT:** CIF WRESTLING WEIGHT CERTIFICATION PROGRAM  
\* Required procedure for 2014-2015 Wrestling Season.

The CIF is committed to the safety of our student-athletes as one of our highest priorities. After careful and thorough discussion and analysis, we have adopted the CIF Weight Certification program that is required by NFHS Wrestling Rules. This program follows guidelines embraced in recent years by the sports medicine community, as well as sport governing bodies (NFHS, NCAA), coaches and other various athletic associations.

CIF believes this weight certification program will provide a healthy weight management regiment for your son or daughter. This nationally-recognized program has been adopted and is required for All CIF wrestlers, with the hope that it will decrease the probability of health risks to any CIF wrestler who might be instructed or choose to utilize unhealthy practices in order to “make weight.”

This is to inform you of the basic components of the program and also obtain your permission as parents for your son or daughter to participate in the CIF Weight Management Certification process, as a requirement to participate in wrestling competition in the CIF at any level for this coming season. After you read through this material, if you have additional questions, please contact your school’s Athletic Director or Principal. They should be able to provide you with additional details as requested.

The CIF Weight Certification program has two basic components:

- 1) Nutrition Education and
- 2) Establishment of a healthy minimum weight for each wrestler

The CIF Weight Certification program does not allow the body fat percentage of student-athletes to fall below a certain level:

- Male wrestlers must maintain a minimum of 7% body fat
- Female wrestlers must maintain a minimum of 12% body fat

The CIF Weight Certification Program sets a healthy limit for how much and how quickly they are allowed to safely reduce their weight. The CIF Weight Certification Program controls the rate of weight loss and also establishes an acceptable, healthy minimum weight for each wrestler through the use of a bioelectrical impedance measurement (Tanita scale).

The first step in the CIF Weight Certification Program is to test the hydration level of each wrestler. Wrestlers who are not properly hydrated will not be able to participate in the assessment, as the assessment equipment will not measure the correct percentage of body fat if a wrestler is dehydrated. The initial step in this weight certification program, therefore, requires that a sample of urine from every wrestler be tested to confirm that each wrestler is properly hydrated and can proceed with the measurement of that wrestler’s current percentage of body fat. If the wrestler is not sufficiently hydrated (i.e. specific gravity of the urine is over 1.025) the assessment for percentage of body fat will not be conducted, and will require a re-assessment at a later date (no sooner than 24 hours after the first hydration assessment).

The second step is to measure the current percentage of body fat of the wrestlers. This will be measured when the wrestler steps on the Tanita scale. This scale uses bioelectrical impedance analysis techniques. A low level electrical signal is sent through the lower extremities and the body’s electrical resistance is recorded. Using this information, the body fat of the individual is determined.

**It is recommended by the National Institute of Health that individuals who have implanted defibrillators should not participate in this test. In addition, there is no scientific evidence that bioelectrical impedance is safe on the fetus during pregnancy**

**If your son or daughter is planning to participate in wrestling this school year in any CIF-member school program at any level, you must read, sign and return, to your son or daughter's school, the attached Parental Permission Form before an assessment can be performed.**

**These minimum weight assessments must take place between October 15 and January 15. Each school's wrestling coach and athletic director will be scheduling these assessments on behalf of all the wrestlers at your school. EARLY assessment is better as no student-athlete will be allowed to compete in any wrestling competition for their school until the assessment is completed and entered into the TRACKWRESTLING data base. Each school's coach or athletic director will have access to all of their wrestler's information protected by a password. While we are recommending to you as parents that wrestlers follow the program for healthy weight loss this school year, we are mandating that every wrestler be assessed prior to ANY competition. If a wrestler is not assessed they will not be able to compete in any CIF wrestling competition for this school year.**

**Wrestling is a great CIF sport and we continue to work together with wrestling experts across the country and locally to provide your son or daughter with information on how to manage their wrestling weight goals in a safe and healthy manner.**

**PARENTAL PERMISSION FORM ATTACHED**



10932 Pine Street, Los Alamitos, CA 90720-2428  
(562) 493-9500 Fax (562) 493-6266

## PARENTAL PERMISSION FORM

I hereby grant \_\_\_\_\_ 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 2014-2015 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 NO LATER THAN \_\_\_\_\_, 2014\_\_\_\_

TO: (INSERT SCHOOL INFORMATION HERE)



Physician Clearance  
For  
**WRESTLER BODY FAT ALLOWANCE**

**This form shall be completed and filed with CIF Southern Section, prior to the athlete competing.  
Fax – 562-493-6266**

**TO THE PHYSICIAN:**

The CALIFORNIA INTERSCHOLASTIC FEDERATION (CIF) has instituted the California Weight Monitoring Program to encourage healthy weight management by interscholastic wrestlers. As part of this program, a minimum weight is established for each wrestler prior to their competitive season. Each wrestler's body fat and lean body mass is measured by a CIF Certified Assessor through BIA measurements. The standard error for this method is  $\pm 4\%$  for higher weights. A minimum weight is then calculated as 7% body fat for males and 12% for females.

Your patient was assessed during the pre-season as less than 7% body fat (or 12% for females). The athlete is requesting that he or she be allowed to wrestle at his or her present weight – (alpha weight). Because this weight is less than 7% (for males) and 12% (for females) body fat, CIF guidelines require permission from the athlete's personal physician. Most adolescents require 5-7% body fat (males) or 10-12% body fat (females) to achieve optimal growth and development. However, there are some adolescents who are naturally lean and develop normally at a lower percent body fat.

Please evaluate your patient for normal growth and development, paying particular attention to weight fluctuations and his or her growth curve. Based on the patient's history and your examination, determine if his/her present weight is compatible with normal growth, development, and good health.

Thank you, North Coast Section, CIF

**Wrestler's name:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**DATA REVIEW**

**Alpha Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Alpha Weight:** \_\_\_\_\_ lbs.      **Body fat:** \_\_\_\_\_ %

**Weight class that immediately exceeds the Alpha Weight:** \_\_\_\_\_ lbs.

**I have examined the above named student-athlete and believe that based on the patient's history, and this examination, that his/her present weight is compatible with normal growth, development, and good health. I therefore approve of this student-athlete's participation at the weight class at or above the Alpha Weight listed above.**

**PHYSICIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**As the parent or guardian of the above named student-athlete I support our doctor's decision regarding our son's/daughter's participation at the weight class at or above the Alpha Weight listed above.**

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**As the coach for this athlete I support the doctor's and parent's decision regarding their patient's/son/daughter's participation at the weight class at or above the Alpha Weight listed above.**

**Coach's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**As the principal of the above named student-athlete's high school I affirm that the process of Physician Clearance has been completed properly.**

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**High School:** \_\_\_\_\_

Note: This form is the only document accepted as a "Physician Clearance". Mail or fax a copy of this form to CIF Southern Section. Each coach should carry a copy of this Physician's Clearance to EVERY competition.