



MINIMUM WEIGHT CERTIFICATION PROGRAM ASSESSOR DESIGNATION

SUBMIT ONE FORM PER ASSESSOR

KHSAA Form WR126
Rev. 1/15

ASSESSMENTS MAY NOT BE PERFORMED UNTIL THIS FORM IS UPDATED AND ON FILE WITH KHSAA AND THIS ASSESSOR HAS RECEIVED NWCAONLINE INFORMATION VIA EMAIL!

In accordance with the Kentucky Minimum Weight Certification Program, each school must designate what assessor will be performing the minimum weight testing on its student-athletes desiring to participate in wrestling and certify as to the competency to perform the testing.

THIS FORM SHALL BE COMPLETED AND FILED WITH THE KHSAA BEFORE ANY ATHLETE MAY BE TESTED. DEADLINE FOR ASSESSOR DESIGNATION- OCTOBER 15 OR THE DAY PRIOR TO THE ASSESSMENTS BEING PERFORMED

- 1) Designation/Selection/Qualifications of an Assessor
 - a) There is an expectation of the highest professional and ethical conduct relative to performing assessments on the young wrestlers. These young wrestlers **MUST** be treated with the highest regard for their right to privacy, and for the confidentiality of all data collected with the program.
 - b) Assessors are required to conduct themselves in a manner such that there will be no questions about the positive contribution to the program and to the sport of wrestling. There will be times when professional judgment will be involved to clarify and validate the assessment process; the greater the depth of understanding the program, the more likely you are to represent the best interests of both the KHSAA and the student-athlete.
 - c) Each school may select an individual to serve as the Assessor for this program within their wrestling program. Multiple schools may utilize the same assessors.
 - d) Schools must submit the name of the assessor to be used to the KHSAA using form WR126 **IN ADVANCE** of the testing.
 - e) Assessors may not be members of school coaching faculty in any sport.
 - f) Assessors must have medical background – by definition, employed in the healing and health care profession – Registered Nurse, Licensed Practical Nurse, Advanced Registered Nurse Practitioner, Doctor, Physical Therapist, Physician Assistant, Doctor of Osteopathy, Athletic Trainer (Certified or Licensed), nutritionist, health educator or an exercise physiologist.
 - g) To be eligible to become an KHSAA approved skin-fold assessor an individual must have demonstrated training and experience in skin-fold measurement or other approved measurement option.

ASSESSOR NAME:	
SCHOOL:	
ASSESSOR ADDRESS:	
ASSESSOR ADDRESS (LINE 2):	
CITY/STATE/ZIP:	
HOME PHONE NUMBER(s):	
FAX PHONE NUMBER(s):	
BUSINESS PHONE NUMBER(s):	
CELL PHONE NUMBER(s):	
EMAIL ADDRESS:	

PROFESSION (CIRCLE ONE, MUST COME FROM THIS LIST)

REGISTERED NURSE, LICENSED PRACTICAL NURSE, ADVANCED REGISTERED NURSE PRACTITIONER, DOCTOR, PHYSICAL THERAPIST, PHYSICIAN ASSISTANT, DOCTOR OF OSTEOPATHY, ATHLETIC TRAINER (CERTIFIED OR LICENSED), NUTRITIONIST, OR EXERCISE PHYSIOLOGIST.

In accordance with the above referenced language from the Minimum Weight Certification Program Guidelines and Regulations, the person listed below has been designated to serve as the person performing the minimum body fat testing on this school's wrestlers and certify that they meet the requirements for performing the testing.

School Name	Signature of Principal/Designated Rep	Coach Signature	Date
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