



WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

JUNIOR HIGH WRESTLING WEIGHT PERMIT

SCHOOL _____ CITY _____

PUPIL _____ BIRTH DATE (MM/DD/YYYY) ____/____/____

HEIGHT _____ WEIGHT _____

PHYSICIAN'S RECOMMENDATIONS

I recommend that the pupil designated above should not be allowed to wrestle any weight less than the indicated classification checked:

<input type="checkbox"/> 64-75	<input type="checkbox"/> 70-82	<input type="checkbox"/> 87	<input type="checkbox"/> 92	<input type="checkbox"/> 97	<input type="checkbox"/> 103	<input type="checkbox"/> 112	<input type="checkbox"/> 119	<input type="checkbox"/> 125	<input type="checkbox"/> 130	<input type="checkbox"/> 135	<input type="checkbox"/> 140	<input type="checkbox"/> 145
<input type="checkbox"/> 152	<input type="checkbox"/> 160	<input type="checkbox"/> 171	<input type="checkbox"/> 189	<input type="checkbox"/> 215	<input type="checkbox"/> over 215,	<input type="checkbox"/> Other:_____	<input type="checkbox"/> Other:_____	<input type="checkbox"/> Other:_____				

Note: Contestants are allowed three pounds growth allowance during the season as stated in the WIAA Handbook under Junior High School Wrestling Regulations. This will allow them to stay within their weight classification.

DATE EXAMINED

SIGNATURE OF PHYSICIAN

NOTE TO PHYSICIAN: The purpose of this report is to prevent undue weight reduction for competitive purposes. WIAA middle school rules permit leagues to adopt up to twenty (20) weights divisions. The above weights may vary between leagues.

PARENT'S APPROVAL

I have read and accept the above recommendation made by the examining physician.

DATE EXAMINED

SIGNATURE OF PARENT

THIS COPY MUST BE KEPT ON FILE IN THE JUNIOR HIGH SCHOOL OFFICE. The principal shall sign the summary copy.

DATE EXAMINED

SIGNATURE OF PRINCIPAL