

KANSAS STATE HIGH SCHOOL ACTIVITIES ASSOCIATION

WEIGHT LOSS CERTIFICATION PERMIT

_____ of _____ High School
(Name)

wishes to wrestle/certify in the _____ weight class. To compete in this weight class, the wrestler will be in a weight class which will require the wrestler to lose **more than 8% (eight percent)** of their alpha weigh-in weight in order to qualify for this weight class. Therefore, it is necessary to have this signed statement from a healthcare provider approving this wrestler to wrestle/certify in this weight class. It is in the best interest of the athlete to have the approval of individuals whose signatures are required below. *By signing this weight loss certification permit, the signing parties have indicated that in their opinion, they believe the athlete's physical well-being is not at risk by competing in wrestling at this weight.*

THIS FORM MUST BE ON FILE AT THE KSHSAA PRIOR TO A WRESTLER COMPETING AT A WEIGHT CLASS APPROVED UNDER THIS PERMIT.

Alpha Weigh-In Weight _____ Today's Date _____

Student's Weight Today: _____

Weight Class Wrestler Now Wishes to Compete In: _____ # Class

(Signature of Wrestler)

(Date)

(Signature of Parent)

(Date)

(Signature of Coach)

(Date)

My signature as the approving healthcare provider (M.D., D.O., PA-C, D.C., APRN) certifies that it is my professional opinion that it is medically safe for this athlete to participate in wrestling at the desired weight class listed above for the remainder of the season.

(Signature of Healthcare Provider)

(Date)

(Printed Name of Healthcare Provider)

(License #)

(Address and Phone Number of Healthcare Provider)

This Weight Loss Certification Permit is REQUIRED for any wrestler seeking to compete in a weight class which will require the wrestler to lose more than 8% of their alpha weigh-in weight.