PARENTAL PERMISSION FORM

I hereby grant Capistrano Valley **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 2020-2021 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 may 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 using the Tanita system. The BodyMetrix assessment does not require a urine sample.**
- **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 the Bioelectrical Impedance test. The Ultrasound test would be preferred. 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 may be engaged. I consent and give permission for my son/daughter to participate in this assessment.

DATE 10/ /2020

NAME OF STUDENT-ATHLETE_____

STUDENT SIGNATURE_____

NAME OF PARENT/GUARDIAN_____

PARENT/GUARDIAN SIGNATURE_____

PLEASE RETURN NO LATER THAN _____**, 20**20

TO: Head Wrestling Coach

INDIVIDUAL PROFILE DATA FORM

WRESTLER'S INDENTIFICATION 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: ***yes*** X ***no*** ____ *(if no, do not assess wrestler)*

Please complete (PRINT) the first three lines.

Name:_____ **Grade: 9 10 11 12**
Last, First MI

School: Capistrano Valley HS

Gender: M / F Age: _____ **Date of Birth:**_____

DATA COLLECTION INFORMATION
To be completed ONLY by the CIF Assessor or designated Assistant

(Date of) Initial Assessment_____ **(Date of) Retest Failed Hydration**_____

(Date of) Appeal of Initial Assessment_____

(Circle One) TANITA BODYMETRIX

1. HYDRATION TEST: (For TANITA Only)

Specific Gravity of urine: READING _____ **PASS**_____ **FAIL**_____
*(must be 1.025 or LOWER for assessment to continue)
*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.

2. HEIGHT MEASUREMENT:

Height: (Actual) _____ **(nearest ½")** _____

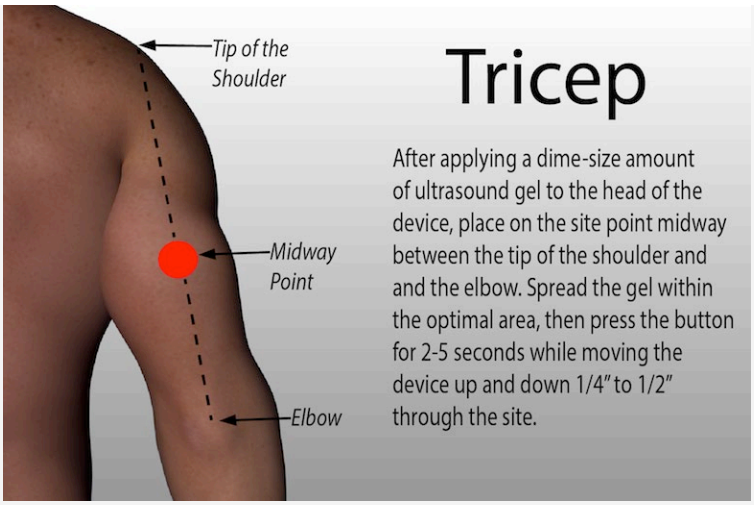
3. BODY COMPOSITION TESTING (TANITA) (BODYMETRIX)

Weight: _____ **lbs** **BODY FAT %** _____

CIF Assessor's signature _____ **Alpha Date** _____

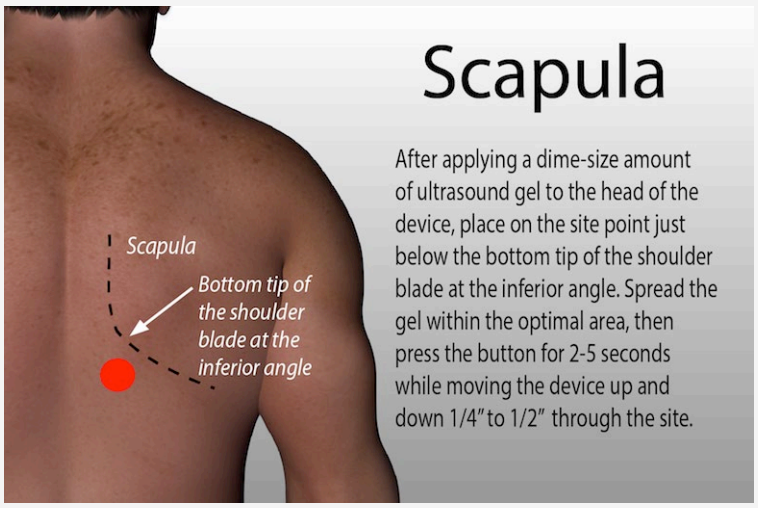
CIF Assessor's Name_____

Male Wrestler Measurement Sites



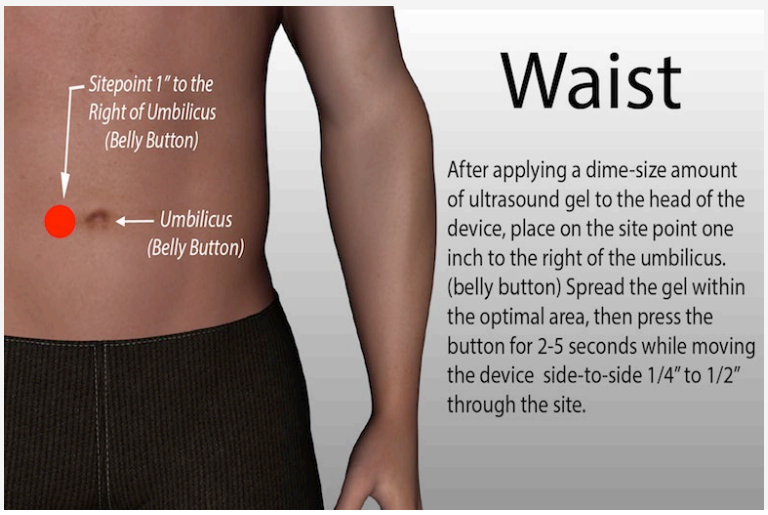
Tricep

After applying a dime-size amount of ultrasound gel to the head of the device, place on the site point midway between the tip of the shoulder and and the elbow. Spread the gel within the optimal area, then press the button for 2-5 seconds while moving the device up and down 1/4" to 1/2" through the site.



Scapula

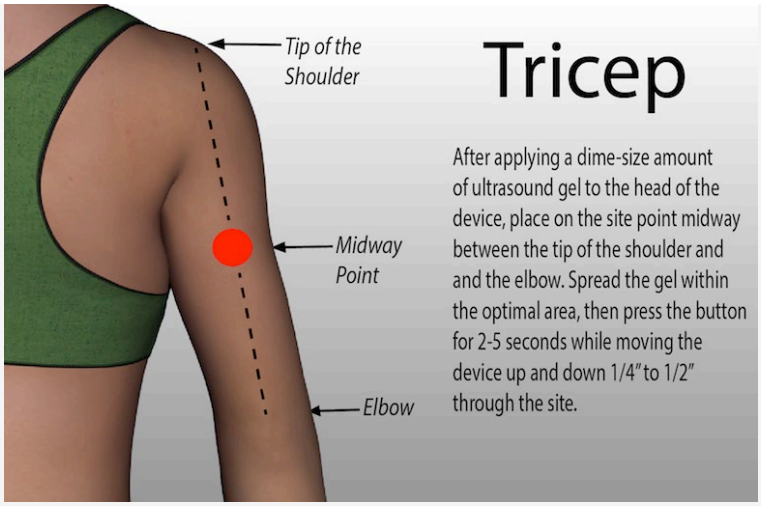
After applying a dime-size amount of ultrasound gel to the head of the device, place on the site point just below the bottom tip of the shoulder blade at the inferior angle. Spread the gel within the optimal area, then press the button for 2-5 seconds while moving the device up and down 1/4" to 1/2" through the site.



Waist

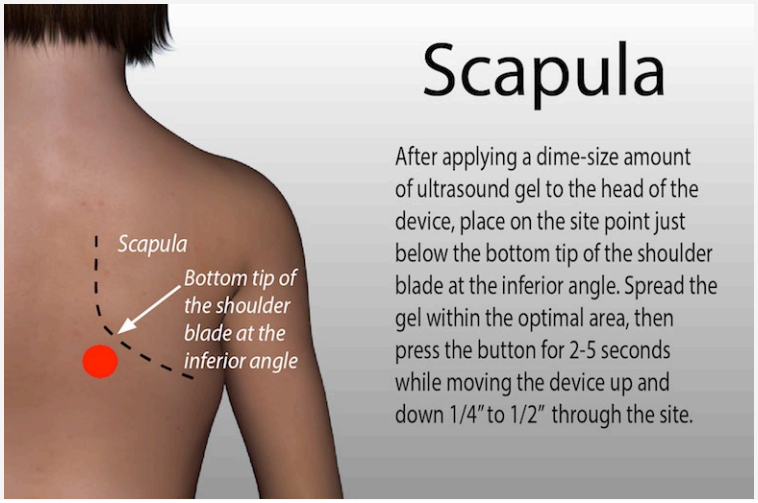
After applying a dime-size amount of ultrasound gel to the head of the device, place on the site point one inch to the right of the umbilicus. (belly button) Spread the gel within the optimal area, then press the button for 2-5 seconds while moving the device side-to-side 1/4" to 1/2" through the site.

Female Wrestler Measurement Sites



Tricep

After applying a dime-size amount of ultrasound gel to the head of the device, place on the site point midway between the tip of the shoulder and and the elbow. Spread the gel within the optimal area, then press the button for 2-5 seconds while moving the device up and down 1/4" to 1/2" through the site.



Scapula

After applying a dime-size amount of ultrasound gel to the head of the device, place on the site point just below the bottom tip of the shoulder blade at the inferior angle. Spread the gel within the optimal area, then press the button for 2-5 seconds while moving the device up and down 1/4" to 1/2" through the site.