2009-10 Wrestling Weight Certification

NAME OF HIGH SCHOOL _____ CITY _____ SCHOOL YEAR _____

I herewith verify the following pupils have successfully passed the required physical examination and have been certified as physically fit for wrestling; that the Wrestling Weight Permit Card for each pupil listed below is on file in my office; and that said cards indicate the data listed below.

Date of Report _____ Signature of Principal, Superintendent or Athletic Director _____ Signature of Wrestling Coach _____

The following information was compiled from the "Wrestling Weight Permit" on file in my office. Column 2 is the actual weight of the pupil on the day he reports for wrestling practice. Column 4 is his actual weight when examined by the physician to establish minimum class. The weights in Column 2 must be certified by the Principal, Superintendent or Athletic Director

NOTE: The first report must be placed on file with the Association office NO LATER THAN JANUARY 15, 2010. Additions to the original list must be filed immediately following the wrestler first inter-school competition. Failure to file this report by the time schedule indicated could disqualify the school from State Competition.

PLEASE TYPE EACH NAME & CHECK FOR CORRECT SPELLING

COLUMN	1	2	3	4	5	6	7
Name of Athlete	Date when Reported for Practice	Actual Weight when reported for practice	Date of Weight Certification	Actual Weight	Established Minimum Class	Card Signed by Parent?	Year in School

RETURN TO: SDHSAA, PO BOX 1217, PIERRE, SD 57501

Revised 7/09 **WR - #3**