



California Interscholastic Federation

Marie Ishida, Executive Director

1320 Harbor Bay Parkway, Suite 140 Alameda, CA 94502

Phone (510) 521-4447 Fax (510) 521-4449

www.cifstate.org

TO: All parents/guardians of CIF student-athletes involved in the sport of wrestling

FROM: Marie Ishida, CIF Executive Director

SUBJECT: CIF WRESTLING WEIGHT CERTIFICATION PROGRAM

* Required procedure for 2010-2011 Wrestling Season.

The CIF is committed to the safety of our student-athletes as one of our highest priorities. After careful and thorough discussion and analysis, we have adopted a CIF Weight Certification program that is used across the country by 37 other state associations. This program follows guidelines embraced in recent years by the sports medicine community, as well as sport governing bodies (NFHS, NCAA), coaches and other various athletic associations.

CIF believes this weight certification program will provide a healthy weight management regiment for your son or daughter. This nationally-recognized program has been adopted and is required for **All** CIF wrestlers, with the hope that if followed, it will decrease the probability of health risks to any CIF wrestler who might be instructed or choose to utilize unhealthy practices in order to “make weight.”

This letter is to inform you of the basic components of the program and also obtain your permission as parents for your son or daughter to participate in the CIF Weight Management Certification process, as a requirement to participate in wrestling competition in the CIF at any level for this coming season. After you read through this material, if you have additional questions, please contact your school’s Athletic Director or Principal. They should be able to provide you with additional details as requested.

The CIF Weight Certification program has two basic components:

- 1) Nutrition Education and
- 2) Establishment of a healthy minimum weight for each wrestler

The CIF Weight Certification program does not allow the body fat percentage of student-athletes to fall below a certain level:

- Male wrestlers must maintain a minimum of 7% body fat
- Female wrestlers must maintain a minimum of 12% body fat

The CIF Weight Certification Program sets a healthy limit for how much and how quickly they are allowed to safely reduce their weight. The CIF Weight Certification Program controls the rate of weight loss and also establishes an acceptable, healthy minimum weight for each wrestler through the use of a bioelectrical impedance measurement (Tanita scale).

The first step in the CIF Weight Certification Program is to test the hydration level of each wrestler. Wrestlers who are not properly hydrated will not be able to participate in the assessment, as the assessment equipment will not measure the correct percentage of body fat if a wrestler is dehydrated. The initial step in this weight certification program, therefore, requires that a sample of urine from every wrestler be tested to confirm that each wrestler is properly hydrated and can proceed with the measurement of that wrestler's current percentage of body fat. If the wrestler is not sufficiently hydrated (i.e. specific gravity of the urine is over 1.025) the assessment for percentage of body fat will not be conducted, and will require a re-assessment at a later date (no sooner than 24 hours after the first hydration assessment).

The second step is to measure the current percentage of body fat of the wrestlers. This will be measured when the wrestler steps on the Tanita scale. This scale uses bioelectrical impedance analysis techniques. A low level electrical signal is sent through the lower extremities and the body's electrical resistance is recorded. Using this information, the body fat of the individual is determined.

It is recommended by the National Institute of Health that individuals who have implanted defibrillators should not participate in this test. In addition, there is no scientific evidence that bioelectrical impedance is safe on the fetus during pregnancy

If your son or daughter is planning to participate in wrestling this school year in any CIF-member school program at any level, you must read, sign and return, to your son or daughter's school, the attached Parental Permission Form before an assessment can be performed.

These minimum weight assessments must take place between October 15 and January 15. Each school's wrestling coach and athletic director will be scheduling these assessments on behalf of all the wrestlers at your school. EARLY assessment is better as no student-athlete will be allowed to compete in any wrestling competition for their school until the assessment is completed and entered into the NWCA (National Wrestling Coaches Association) data base. Each wrestler will only have access to their own information posted on the web site and related, individual nutritional information through a personal password. Each school's coach or athletic director will have access to all of their wrestler's information protected by a password. While we are recommending to you as parents that wrestlers follow the program for healthy weight loss this school year, we are mandating that every wrestler be assessed prior to ANY competition. If a wrestler is not assessed they will not be able to compete in any CIF wrestling competition for this school year.

Wrestling is a great CIF sport and we continue to work together with wrestling experts across the country and locally to provide your son or daughter with information on how to manage their wrestling weight goals in a safe and healthy manner.

NWCA (www.nwcaonline.com)



SCHOOL NAME/ LOGO/ ADDRESS HERE

PARENTAL PERMISSION FORM

I hereby grant _____ 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 2010-2011 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 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.
- 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 this test. 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 will be engaged. I consent and give permission for my son/daughter to participate in this hydration testing.

_____, 20 _____ NAME OF STUDENT-ATHLETE _____

DATE

Student Signature _____

NAME OF PARENT/GUARDIAN _____

Parent/Guardian Signature _____

PLEASE RETURN NO LATER THAN _____, 20____

TO: INSERT SCHOOL INFORMATION HERE