



**Memorial Hospital Wellness Center
500 London Avenue
Marysville, OH 43040
937-578-2580**

OHSAA Wrestler Body Fat Assessment

Consent and Release

I consent to a body composition analysis to be performed on the student whose name appears below. The body fat % test will be done in accordance with the standards set forth by the OHSAA and include the measurement of body hydration measured with a urine test, and body fat %, measured with skin fold calipers. I hereby release Memorial Hospital, its affiliated organization, and its officers, directors and employees from any liability arising from or in any way connected with the test or from the data derived through the test. I understand that:

1. The data from this measurement is to be considered the official alpha measurement in accordance with the current OHSAA rules. (See the OHSAA website for the rules and appeal process.)
2. I understand that if the student is not adequately hydrated, as determined by the urinalysis, the body fat portion of the test cannot and will not be completed at that time. There will not be a refund of that day's testing fee, and the full cost of re-testing will be my responsibility. Re-testing must be done after 48 hours and at a neutral facility (not my wrestler's school) or with a master assessor.
3. The responsibility for initiating any follow-up to obtain advice and/or treatment is mine and not that of Memorial Hospital or any other person.

Please print clearly!

Student Name _____

Date of birth _____ Age _____ Grade _____

Signature of student if age 18 years or older, or parent/guardian if student is under the age of 18 years of age

Signature below is: Student age 18 or older _____ Parent or legal guardian _____

Signature _____ Print name: _____

Date _____

WRESTLER PERMISSION FORM

Ohio High School Athletic Association

PARENTAL PERMISSION/CONSENT FOR URINALYSIS

OHSAA adopted a weight control program for Ohio high school wrestlers. The program has two basic components:

- 1) A nutrition education dimension, and
- 2) the establishment of a healthy minimum weight for each wrestler.

Skinfold measurements are used to predict (on a scientific basis) the lowest healthy weight for wrestlers. The program requires each male wrestler to maintain at least 7% body fat and females 12% body fat. The rule does not suggest or urge wrestlers to reduce to 7% or 12% body fat, but sets a healthy limit as to how much they can safely reduce. The rule controls:

- 1) the rate of weight loss, and
- 2) the amount of weight that can be lost.

The first step of the testing is a urinalysis, which is required to determine the athlete's hydration level. Proper level of hydration is important to provide an accurate measurement of body fat percentage. Dehydration will concentrate urine and thereby increase the urine's specific gravity. Accurate determination of minimum wrestling weight from total body fat requires the wrestler to be properly hydrated. The specific gravity of a hydrated individual will be 1.025 or lower. If the wrestler is dehydrated (i.e. specific gravity of the urine is over 1.025) measurements will not be taken. Testing must be rescheduled for a different time when the wrestler is properly hydrated. The re-scheduled assessment may not occur until 48 hours after the initial urinalysis testing.

I hereby grant the OHSAA and its agents permission to perform a urinalysis on myself/son/daughter for the purpose of determining the hydration level to properly determine an accurate skin fold measurement. I understand that the OHSAA accepts myself/son/daughter on their willingness to participate.

In becoming a participant in the program, I understand that myself/son/daughter will agree to the following:

1. A bathroom with a toilet or urinal will be used by the wrestler to allow the wrestler to provide a urine sample for testing.
2. Use of gloves by individuals when measuring the urine and proper disposal of said urine will be mandatory.
3. School or OHSAA personnel will be present (female to female, male to male) to ensure that the wrestler has provided a sample of his or her own urine.
4. Every reasonable measure will be taken to ensure privacy for the wrestler when he/she is submitting a urine sample.
5. Urine collection cups will be properly disposed of following single use.

I hereby agree to release, discharge and forever hold harmless the OHSAA and its agents 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 myself/son/daughter both now and at any point during the testing. I realize that if I deny or revoke my consent, participation may be denied.

I acknowledge that I have read this form in its entirety or it has been read to me, and I understand the urine testing procedure myself/son/daughter will be engaged. I accept the risks. Knowing these, having had an opportunity to ask questions which have been answered to my satisfaction, I consent and give permission for myself/son/daughter to participate in the urinalysis.

Date

Time

Name of Athlete: _____

Signature of Athlete: _____
(if over 18 years old)

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____