

# WHSAA WEIGHT MANAGEMENT PERMIT

**Must be typed by school prior to assessment:**

High School

Athlete's Name

Grade

Age

Male

Female

Did you have an assessment done in WY last year?  Y  N

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**Must be completed by assessor the day of assessment:**

Height (nearest 1/2 inch) \_\_\_\_\_

Hydration: Pass \_\_\_\_\_ Fail \_\_\_\_\_

Athlete's Signature \_\_\_\_\_

Assessment Date \_\_\_\_\_