



2025-2026

Wrestling Weight Control Program

DO NOT FAX!!

**PARENTAL PERMISSION FORM TO
WRESTLE BELOW MINIMUM ESTABLISHED STANDARDS**

I/we authorize that _____

[Student's Name - Printed]

of _____

[Full School Name]

Alpha Weight _____ Body Fat % _____

may wrestle below the standards set by the Indiana High School Athletic Association of 7% body fat for males and 12% body fat for females. I agree that a maximum of 2% of the 7% (12% for females) may be taken off the minimum measurement. I also understand the associated risks of granting such permission.

SIGNED (Parent/Guardian) _____

DATE _____

SIGNED (Athletic Director/Athletic Trainer) _____

DATE _____

(THIS FORM IS SOLELY FOR WRESTLERS WHOSE INITIAL BODY FAT ASSESSMENT EXCEEDED 7% (Boys)/12% (Girls))

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Must be received by the IHSAA before December 26, 2025.