

WEIGHT CERTIFICATION

PARENTAL PERMISSION FORM

I hereby grant Delaware Valley Regional High School permission to allow a hydration assessment to be performed by a NJSIAA 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 NJSIAA Wrestling Weight Certification Program. I understand that the NJSIAA requires this assessment to be completed in order for my son/daughter to be eligible to compete in wrestling in any NJSIAA competition for the 2022-23 school year.

To determine a wrestler's minimum weight, the following will be administered to each wrestler: (1) A specific gravity test, which involves a urine sample analysis to determine the wrestler's hydration level, and (2) The Ultrasound Body Metrix, which involves using an ultrasound signal that travels through the tissues and then records the reflected signal at the specific sites where a skin fold assessment would take place.

By my signature below I understand that my son/daughter agree to the following:

- A 20-30ml (1-2 oz) urine sample will may 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 NJSIAA 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.

I hereby agree to release, discharge and forever hold harmless the NJSIAA, the school and NJSIAA 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 may be engaged. I consent and give permission for my son/daughter to participate in this assessment.

DATE _____

NAME OF STUDENT-ATHLETE _____

STUDENT SIGNATURE _____

NAME OF PARENT/GUARDIAN _____

PARENT/GUARDIAN SIGNATURE _____