

REQUEST FOR APPEAL OF ORIGINAL IHSAA WRESTLING BODY COMPOSITION ASSESSMENT

This form **MUST** be faxed or mailed to the Iowa High School Athletic Association, PO Box 10, Boone, IA 50035 (515) 432-2961, after the school administrator has signed the form. The IHSAA must approve the request for appeal and return this form to the school **BEFORE** any appeal is valid. **THIS FORM IS MUST BE GIVEN TO THE ASSESSOR AS PERMISSION TO PERFORM THE APPEAL.**

_____ High School is requesting an appeal of the original body composition assessment for _____
Name of Wrestler

Weight at the Time of the Original Assessment _____ *%Fat at Original Assessment* _____

Date of the Original Assessment _____ *Date School Received Assessment Results* _____

**ALL APPEALS MUST BE CONDUCTED WITHIN 14 DAYS OF THE SCHOOL RECEIVING THE ASSESSMENT RESULTS FROM THE ASSESSOR AND BEFORE A WRESTLER COMPETES AT ANY LEVEL.
*THIS FORM MUST BE GIVEN TO THE ASSESSOR AS PERMISSION TO PERFORM THE APPEAL.***

We understand the following rules apply to all appeals.

1. Appeals may only be performed with prior approval from the Iowa High School Athletic Association. Appeals performed without prior approval from the Iowa High School Athletic Association are invalid.
2. The wrestler's school administration must request and acknowledge the appeal.
3. All appeals must be conducted **WITHIN 14 DAYS** of the school receiving the assessment results from the assessor and before a wrestler competes at any level.
4. The same body composition assessment agency must perform the appeal that performed the original assessment and the same assessment method must be used.
5. The wrestler must pass the hydration assessment at the time the appeal is performed.
6. Wrestlers will use their weight at the time of the original body composition assessment unless they have gained more than 1.5% of their body weight (*rounded UP to the nearest pound*) between the time of the original assessment and the appeal. If they have gained more than 1.5% of their original weight, they must use their actual weight at the time of the appeal. **If a wrestler has lost weight between the time of the original assessment and the appeal, the weight at the time of the original assessment must be used for the appeal because the wrestler is only appealing if their percent fat was accurately determined.**
7. The wrestler, and/or school, is responsible for any & all costs related to the appeal.

NOTE: Before a wrestler decides to appeal he/she may, but is not required to, ask their body composition assessor to review the data related to the original assessment. If an error is detected, the assessor should contact the Iowa High School Athletic Association with the correction. Correcting an error does not constitute an appeal.

Signature and Title of School Administrator Requesting Appeal _____ Date _____

School Fax Number: _____

IHSAA USE ONLY

Appeal must be conducted by this date: _____

Maximum weight at appeal in order to use weight at original assessment for appeal: _____

If a wrestler has lost weight between the time of the original assessment and the appeal, the weight at the time of the original assessment must be used for the appeal because the wrestler is only appealing if their percent fat was accurately determined.

IHSAA Administrator's Signature Approving the Appeal _____ Date _____