



CIF/CENTRAL COAST SECTION

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**CIF WEIGHT MANAGEMENT PROGRAM
CIFASSESSOR'S REPORT TO CCS**

(due to CCS no later than 72 hours after data entry on NWCA web site)

DATE: _____
(of report)

ASSESSORS NAME(S) who performed assessments: _____

This is confirmation that on _____, 200_____
(mo/date/year of assessment)

_____ High School presented:
(name of school)

_____ wrestlers for INITIAL assessment
(# of wrestlers)

_____ Passed the hydration test and successfully completed the assessment
(# of wrestlers)

_____ Failed the hydration test and will need to be re-assessed.
(# of wrestlers)

AND *****

_____ wrestlers for RE-ASSESSMENT
(# of w restlers)

_____ Passed the hydration test and successfully completed the assessment
(# of wrestlers)

_____ Failed the hydration test and will need to be re-assessed again.
(# of wrestlers)

Notes (if any) _____

Attached are the Individual Profile Forms for all wrestlers from this school who attended this assessment,

as well as a check for \$_____ (\$2 x # of INITIAL Assessments)

Signature of Assessor submitting form