
University Interscholastic League Weekly Weigh In Form

(duplicate as needed)

High School: _____ **ISD:** _____

Head Coach: _____

	Wrestlers Name	Date of Weigh In	Current Weight	Weight at Last Weigh In	Minimum Weight Class
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Coaches Signature: _____

This form must be completed for each wrestler on a weekly basis, beginning with the first date for dual or tournament participation. Competition weigh ins can serve as the weekly weigh in required in the Weight Control Plan.

The minimum weight class at which a wrestler is eligible to compete is determined by the scratch weight minus 10% of the scratch weight.

Wrestlers are ineligible for competition below the established minimum weight class..

This form must be on file with the school athletic director. Coaches should keep a copy for their files as well.