

MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION
2003-2004 WRESTLING MINIMUM WEIGHT MONITORING PROGRAM

SKINFOLD ASSESSOR APPLICATION

◆ **ALL REGISTRANTS COMPLETE:**

(Please print or type)

NAME: _____ MHSAA ASSESSOR ID
NO. _____

ADDRESS: _____

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CITY: _____ STATE: _____ ZIP: _____

PHONE: (H) (____) _____ (B) (____) _____

TITLE: _____

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Check the appropriate box: Regular First Time Registrant Lapsed Registrant Challenge

IN ORDER TO PERFORM THE DUTIES OF AN MHSAA SKINFOLD ASSESSOR ONE MUST REGISTER AND ATTEND, ONCE ANNUALLY, A MHSAA SKINFOLD ASSESSOR IN-SERVICE.

EDUCATION BACKGROUND (degrees attained, certifications held):

BODY COMPOSITION EXPERIENCE:

Number years as MHSAA Skinfold Assessor _____.
Number subjects measured in 2000: _____, 2001: _____, 2002: _____.
Number schools contracted in 2000: _____, 2001: _____, 2002: _____.
Other experiences/settings:

BODY COMPOSITION TRAINING:

INSTITUTION: _____ INSTITUTION: _____

INSTRUCTOR: _____ INSTRUCTOR: _____

DATES: _____ DATES: _____

PROFESSIONAL REFERENCES (List three):

1. Name: _____
Address: _____
City: _____ State _____ Zip _____

Comments

2. Name: _____
Address: _____
City: _____ State _____ Zip _____

Comments

3. Name: _____
Address: _____
City: _____ State _____ Zip _____

Comments

SIGNATURE: _____ **DATE:** _____

SEND THIS COMPLETED APPLICATION, THE IN-SERVICE REGISTRATION FORM AND YOUR CHECK TO THE APPROPRIATE IN-SERVICE ADDRESS FOUND ON THE REGISTRATION MAILING LIST AT THE END OF THE SKINFOLD REGISTRATION FORM.