

2025 SKINFOLD ASSESSOR IN-SERVICE REGISTRATION FORM

MY REGISTRATION IS: ☐ NEW ☐ RENEWAL

SK-1-Reg

PLEASE PRINT CLEARLY

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ (____) _____ (____) _____
Home Work Cell

Email: _____

(REQUIRED – USED AS MHSAA LOGIN / USERNAME)

☐ **\$40 REGISTRATION FEE IS ENCLOSED** – Registration must be submitted to the MHSAA prior to the session. Payment may be made using a credit card by calling the MHSAA at 517-332-5046 ext. 116 once your registration form has been emailed to jamie@mhsaa.com. **Late registrations will be charged a \$10 late fee.**

Failure to pay by one of these methods will result in no credit for in-service attendance or assessor certification.

I WILL ATTEND THE IN-SERVICE I HAVE CHECKED (✓) BELOW:

✓	Mtg No.	DATE	DAY & TIME	LOCATION OF IN-SERVICE
	1	Sept. 14	Sunday @ 6pm.	Kelly Garbig St Mary Preparatory HS - Athletic Complex/Ice Arena 3535 Commerce Rd; Banquet Room (2nd Floor) Orchard Lake, MI 48324
	2	Sept. 20	Saturday @ 11am	Kelly Garbig St Mary Preparatory HS - Athletic Complex/Ice Arena 3535 Commerce Rd; Banquet Room (2nd Floor) Orchard Lake, MI 48324
	3	Sept. 23	Tuesday @ 10 am	Martha Munsell MHSAA 1661 Ramblewood Dr East Lansing, MI 48823
	4	Sept. 27	Saturday @ 10 am	Kevin Fleming Henry Ford Health 1201 E Michigan Ave; 2nd Floor Community Room Jackson, MI 49201
	5	Sept. 30	Tuesday @ 10 am	Martha Munsell MHSAA 1661 Ramblewood Dr East Lansing, MI 48823
	6	Oct. 11	Saturday @ 8:30 am	Jeffrey Kline Wayne Memorial HS Alumni Arena 3001 4th St Wayne, MI 48184
	7	Oct. 13	Monday @ 6 pm	Amy Ream Traverse City Central HS 1150 Milliken Dr; Library Traverse City, MI 49686
	8	Oct. 18	Saturday @ 10 am	Kevin Fleming Henry Ford Health 1201 E Michigan Ave; 2nd Floor Community Room Jackson, MI 49201
	9	Oct. 18	Saturday @ 11am	Kelly Garbig St Mary Preparatory HS - Athletic Complex/Ice Arena 3535 Commerce Rd; Banquet Room (2nd Floor) Orchard Lake, MI 48324
	10	Oct. 20	Monday @ 6:30 pm	Martha Munsell Fowlerville High School 700 N Grand Ave; Room A-100 Fowlerville, MI 48836
	11	Oct. 21	Tuesday @ 7:30am	Ryan Anderson MEDSPORT - Domino Farms Lobby A 24 Frank Lloyd Wright Dr; Large Conference Room Ann Arbor, MI 48106
	12	Oct. 27	Monday @ 6 pm	Amy Ream Traverse City Central HS 1150 Milliken Dr; Library Traverse City, MI 49686
	13	Oct. 27	Monday @ 6:30 pm	Martha Munsell Fowlerville High School 700 N Grand Ave; Room A-100 Fowlerville, MI 48836
	14	Oct. 30	Thursday @ 7:30am	Ryan Anderson MEDSPORT - Domino Farms Lobby A 24 Frank Lloyd Wright Dr; Large Conference Room Ann Arbor, MI 48106
	15	Nov. 1	Saturday @ 10 am	Kevin Fleming Henry Ford Health 1201 E Michigan Ave; 2nd Floor Community Room Jackson, MI 49201
	16	Nov. 4	Tuesday @ 10 am	Martha Munsell MHSAA 1661 Ramblewood Dr East Lansing, MI 48823

MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION
2025-26 WRESTLING MINIMUM WEIGHT MONITORING PROGRAM

SKINFOLD ASSESSOR APPLICATION

◆ ALL REGISTRANTS COMPLETE:

(Please print or type)

NAME: _____

IN ORDER TO PERFORM THE DUTIES OF AN MHSAA SKINFOLD ASSESSOR ONE MUST ANNUALLY REGISTER AND COMPLETE THE MHSAA SKINFOLD ASSESSOR REQUIREMENTS.

Are you now, or have you ever been: (mark all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Physician (MD or DO) | <input type="checkbox"/> Certified Athletic Trainer |
| <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Nutritionist |
| <input type="checkbox"/> RN, LPN | <input type="checkbox"/> Health Educator, Exercise Physiologist |

EDUCATIONAL BACKGROUND (degrees attained, certifications held):

BODY COMPOSITION EXPERIENCE:

Number years as MHSAA Skinfold Assessor _____.

Number subjects measured in 2021: _____, 2022: _____, 2023: _____, 2024: _____

Number schools contracted in 2021: _____, 2022: _____, 2023: _____, 2024: _____

Other experiences/settings: _____

BODY COMPOSITION TRAINING:

INSTITUTION: _____ INSTITUTION: _____

INSTRUCTOR: _____ INSTRUCTOR: _____

DATES: _____ DATES: _____

PROFESSIONAL REFERENCES (List two):

1. Name: _____ Phone: (____) _____

Employer: _____ Title: _____

Email: _____

2. Name: _____ Phone: (____) _____

Employer: _____ Title: _____

Email: _____

**SEND THIS COMPLETED APPLICATION, REGISTRATION FORM AND YOUR CHECK TO:
MHSAA SKINFOLD IN-SERVICE, 1661 RAMBLEWOOD DR, EAST LANSING, MI 48823**