



MINNESOTA STATE HIGH SCHOOL LEAGUE
2100 FREEWAY BOULEVARD, BROOKLYN CENTER, MINNESOTA 55430-1735

WRESTLING WEIGHT CERTIFICATIONS

_____ School Year _____ - _____
Name of High School

I herewith certify that the following students have successfully passed the required physical examination and have been certified as physically fit for wrestling; that the original Wrestling Weight Permit card for each student listed below is on file in my office; and that said cards indicate the data listed below:

Date of Report

Signature of School Official

Position

NOTE: The weight certification report MUST be placed on file with the MSHSL office and with all scheduled schools ON OR BEFORE **December 15**, or previous to the first interschool competition, if earlier than December 1. Failure to file the report ON OR BEFORE **January 15** will disqualify the school from MSHSL tournament competition. Additions to the original list MUST be filed previous to participation in any interschool competition.

CORRECTIONS TO LISTS SUBMITTED TO THE MSHSL WILL NOT BE ACCEPTED. The weight certification report AS SUBMITTED will be considered final.

No student may receive more than one weight certification measurement. And, no student may wrestle in a weight classification less than the higher of the two weight classifications recommended by either the measurer or parent. THERE WILL BE NO EXCEPTIONS TO THIS RULE.

Names of Students (Type or print)	Wrestling Weight Permit Data			
	Weight Certification Date	Actual Weight	Recommended Minimum Wt. Class	Is Card Signed By Parent and Physician
1.				
2.				
3.				
4.				
5.				
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20.				