

**2007-2008
 OSSAA WRESTLING WEIGHT MANAGEMENT PROGRAM
 BIA or Skin Caliper Reconciliation Form
 for Payment to Assessor from Member School**

To be completed by the assessor:

Name of Assessor _____

Address payment will be sent to:

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I verify that all assessments were completed using the standard protocol outlined in the OSSAA Weight Management Program guidelines and results of these assessments for each wrestler were entered into the NWCA Optimal Performance Calculator within the 48 hours of the original assessment.

Assessor Signature _____ Date _____

Reconciliation Instructions:

1. Enter school name.
2. Enter number of initial assessments performed.
3. Enter number of failed hydration assessments.
4. Assessment cost will be no more than \$8.00 per wrestler or no more than \$24.00 if a school has three or less wrestlers.
5. Total charge will be computed by multiplying the number of initial assessments by the assessment cost.
6. Attach a separate sheet to this form with the name of all student(s) who were tested.

School Name	Number of Initial Assessments	Failed Hydration	Assessment cost	Total charge

Assessors should complete this form after all information has been entered into the NWCA Optimal Performance Calculator Program and submit this form with the list of student's tested to the school in which the assessment has been performed for payment to the assessor. Schools should provide payment to the assessors within a reasonable time period.