



Ohio High School Athletic Association – Wrestling Weight Management Program
Application for New General Assessors

Please print legibly

Name _____ **Date of Training** _____

Name of Master Assessor that trained you: _____

Work Affiliation: _____

Work City: _____

Work Phone Number (listed online): _____

Cell Phone Number (will not be listed publicly): _____

Work Email (listed online): _____

Other Email (optional): _____

Profession (ATC, PT, MD Exercise Physiologist, etc) _____

Signature of Master Assessor (Trainer)

Signature of New General Assessor