Raritan Valley Youth Wrestling League

**Initial Weight Certification Form**

(to be completed at weigh-in & submitted after a team’s first RVWL wrestling event of the season)

TEAM NAME:

HEAD COACH:

(Please print legibly)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name(List all wrestlers who weighed-in for your first RVWL wrestling event, including heavyweight contestants) | Age | Grade | Gender(M / F) | Initial Weight | Lowest RVWL weight class that the individual may wrestle |
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Print Name of Coach from Opposing Team:

Signature of Coach from Opposing Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Opposing Team: Date:

E-MAIL COPIES WITHIN 5 DAYS OF COMPLETION TO: MAKE A COPY FOR

Alan Klein alan\_klein@shi.com YOUR TEAM RECORDS