

**UNIVERSITY INTERSCHOLASTIC LEAGUE  
2021-22 WRESTLING MINIMUM WEIGHT CERTIFICATION PROGRAM  
ASSESSOR APPLICATION**

**Only 1) licensed health care practitioners; 2) those who have at least a bachelor's degree in a health/fitness field; and 3) specially approved undergraduate students who participate as part of an assessment team headed up by a team leader who is either 1 or 2 above, are eligible to serve as an assessor for this program.**

Applicant:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (W) (\_\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
School District : \_\_\_\_\_

\*All assessors are required to maintain current certification as an assessor for the Texas University Interscholastic League Minimum Weight Certification Program. Application fee is \$20.00. Please follow the steps below:

1. Contact a Master Assessor below to complete New Weight Assessor Training.

Roy Rudewick (UT Arlington) <a href="mailto:rudewick@uta.edu">rudewick@uta.edu</a>	Catherine Marr (Tomball) <a href="mailto:catherinemarr@tomballisd.net">catherinemarr@tomballisd.net</a>
Kim Reynolds (RGV) <a href="mailto:renoltztc@yahoo.com">renoltztc@yahoo.com</a>	Dee Rutherford (Corpus Christi) <a href="mailto:dee.rutherford@ccisd.us">dee.rutherford@ccisd.us</a>
Tim Moore (San Antonio) <a href="mailto:tmoore@neisd.net">tmoore@neisd.net</a>	Justin Landers (Katy) <a href="mailto:justinlanders@katyisd.org">justinlanders@katyisd.org</a>
Danny Carrillo (El Paso) <a href="mailto:dc12400@yahoo.com">dc12400@yahoo.com</a>	Chad Sutherland (San Antonio) <a href="mailto:csuthe1@neisd.net">csuthe1@neisd.net</a>
Lori Snyder (El Paso) <a href="mailto:lsnyder@episd.org">lsnyder@episd.org</a>	
Denise Vanlandingham (Central Texas) <a href="mailto:denise.vanlandingham@austinisd.org">denise.vanlandingham@austinisd.org</a>	
Robert Maniscalco (Cypress) <a href="mailto:robert.maniscalco@memorialhermann.org">robert.maniscalco@memorialhermann.org</a>	

2. Complete application and training; submit application to Master Assessor for certification.

Professional References (List two and please print):

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (W) (\_\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (W) (\_\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MASTER ASSESSOR: \_\_\_\_\_ DATE: \_\_\_\_\_