UNIVERSITY INTERSCHOLASTIC LEAGUE 2023-24 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.

Minimum

Applicant:				
Name:				
Address:				
City:	State:	Zip	:	-
Phone: (W) ()	(C) ()		_
E-mail:				
School District :				
*All assessors are required to maint Weight Certification Program. App. 1. Contact a Master Assessor Roy Rudewick (UT Arlington) rude Kim Reynolds (RGV) renoltzatc@y Tim Moore (San Antonio) tmoore@ Danny Carrillo (El Paso) dc12400@ Denise Nunez (El Paso) danunez@	lication fee is \$20.00. Ple below to complete New wick@uta.edu yahoo.com neisd.net yahoo.com	ase follow the Weight Assess Catherine M Dee Rutherf Justin Lande	steps below: or Training. arr (Tomball) <u>catl</u> ord (Corpus Chris rs (Katy) <u>justinlla</u>	herinemarr@tomballisd.net sti) dee.rutherford@ccisd.us unders@katyisd.org o) csuthe1@neisd.net
Denise Vanlandingham (Central Te Robert Maniscalco (Cypress) robert	xas) denise.vanlandinghar		<u>rg</u>	
2. Complete application and			ssessor for certifi	cation.
Professional References (L				
1. Name:	- · · ·			
Address:				_
City:				
Phone: (W) ()	(C) ()		
E-mail:				
2. Name:				
Address:				_
City:	State:		Zip:	
Phone: (W) ()	(C) ()		
E-mail:				
APPLICANT SIGNATURE:			DATE:	
MASTER ASSESSOR:			DATE:	