

VHSL WCP

Print clearly Complete top portion only

Last Name: _____
Print Clearly

First Name: _____
Print Clearly

Grade: _____ DOB _____

Weight Class Desired: _____

Date: _____ Male ___ Female ___

DO NOT WRITE BELOW THIS LINE

Usg: 1.0 _____ (1.001 – 1.025 only)

Act. Wt: _____

Tri _____ Sub _____ Abd _____

Tri _____ Sub _____ Abd _____

Tri _____ Sub _____ Abd _____

NWCA entered _____ Initials _____

Retest recommended: Y N

Comments: _____

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