

# Lightweight Health Certificate

This form must be completed by a certified athletic trainer or health professional. All potential lightweight rowers will need to be **certified between Sept. 1 and March 15 during the academic year of competition** in order to row as a lightweight in that season of PSRA regattas. Each form has room for two athletes. Submit as many forms as necessary for all athletes.

1) Athlete Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_  
Date of Test: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Lightweight Eligibility:

FEMALE athletes: Is the athlete safely able to attain and compete at a weight of 130 lbs and be at or above 12% body fat on March 15 of this year? MALE Athletes: Is the athlete safely able to attain and compete at a weight of 150 lbs. and be at or above 7% body fat on March 15 of this year? Lightweight eligible: YES \_\_\_\_\_ NO \_\_\_\_\_

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2) Athlete Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_  
Date of Test: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Lightweight Eligibility:

FEMALE athletes: Is the athlete safely able to attain and compete at a weight of 130 lbs and be at or above 12% body fat on March 15 of this year? MALE Athletes: Is the athlete safely able to attain and compete at a weight of 150 lbs. and be at or above 7% body fat on March 15 of this year? Lightweight eligible: YES \_\_\_\_\_ NO \_\_\_\_\_

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Athletic Trainer/Health Professional Information:

I certify that the above information is correct.

Name of Professional: \_\_\_\_\_

Licensing Board: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Signature: \_\_\_\_\_