

MSHSAA Weight Management Assessor Registration Form

Each attendee must complete and return this form to the MSHSAA office. Fax this registration form to the attention of Greg Stahl at 573-875-1450 OR scan and email to greg@mshsaa.org. Submitting/indicating form of payment must be completed in order to be issued an Assessor ID or Password for accessing the NWCA Website.

(PLEASE PRINT CLEARLY)

_____ **New Certification** _____ **Recertification**

First Name _____ Last Name _____

Cell Phone _____ E-Mail _____

Home Address _____ City _____

State _____ Zip Code _____

Title and/or Position (No Athletic Coaches are permitted for Certification)

____ Athletic Trainer ____ Physician
____ Nurse/School Nurse ____ Chiropractor
____ Athletic/Activities Director ____ Other _____

School Affiliation _____ Business/Company Affiliation _____

Are you interested in assessing wrestlers from schools other than your primary affiliation? Yes No

Assessor Course Site _____ Assessor Course Date _____

Fee for Course \$15* **Form of Payment:** ____ Check/Cash ____ Invoice to School listed above

*Individuals must submit payment with registration form.

Billing Information

School/Company _____

Address _____ City _____

State _____ Zip Code _____ Purchase Order # _____

Signature

Date

THIS BOX FOR MSHSAA USE ONLY

Paid: Yes No

Cash: _____ Check # _____ Name on check: _____

Note: No assessor ID or Password will be assigned until the MSHSAA has received the registration form as well as form of payment for the certification course.

Assessor ID and Password Assigned Yes No Date: _____