

2021 SKINFOLD ASSESSOR IN-SERVICE REGISTRATION FORM

MY REGISTRATION IS: NEW RENEWAL

SK-1-Reg

PLEASE PRINT CLEARLY

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ (____) _____ (____) _____
Home Work Cell

E-mail: _____
(REQUIRED)

\$40 REGISTRATION FEE IS ENCLOSED – Registration must be submitted to the MHSAA prior to the session. Payment may be made using a credit card by calling the MHSAA at 517-332-5046 ext. 116 once your registration form has been emailed to jamie@mhsaa.com or faxed to 517-332-4071. **Late registrations will be charged a \$10 late fee.**

- Mail application, registration and check payable to MHSAA to: **MHSAA SKINFOLD IN-SERVICE, 1661 Ramblewood Dr, East Lansing, MI 48823**
- Failure to pay by one of these methods will result in **no credit** for in-service attendance or assessor certification.

I WILL ATTEND THE IN-SERVICE I HAVE CHECKED (✓) BELOW:

✓	Mtg No.	DATE	DAY & TIME	LOCATION OF IN-SERVICE
	4	9/26	CANCELLED	Kelly Garbig St Mary Preparatory HS Athletic Complex/Ice Arena Banquet Room (2 nd Floor) 3535 Commerce Rd Orchard Lake, MI 48324
	2	10/3	CANCELLED	Kelly Garbig St Mary Preparatory HS Athletic Complex/Ice Arena Banquet Room (2 nd Floor) 3535 Commerce Rd Orchard Lake, MI 48324
	3	10/9	Saturday, 8:30am	Jeffrey Kline Beaumont Taylor Hospital 10000 Telegraph Rd Conference Room #1 Taylor, MI 48180
	4	10/16	CANCELLED	Jeffrey Kline Beaumont Taylor Hospital 10000 Telegraph Rd Conference Room #1 Taylor, MI 48180
	5	10/17	Sunday, 10am	Kelly Garbig St Mary Preparatory HS Athletic Complex/Ice Arena Banquet Room (2 nd Floor) 3535 Commerce Rd Orchard Lake, MI 48324
	6	10/20	Wednesday, 9am	MHSAA – Virtual Zoom

MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION
2021-22 WRESTLING MINIMUM WEIGHT MONITORING PROGRAM

SKINFOLD ASSESSOR APPLICATION

◆ **ALL REGISTRANTS COMPLETE:**

(Please print or type)

NAME: _____

IN ORDER TO PERFORM THE DUTIES OF AN MHSAA SKINFOLD ASSESSOR ONE MUST ANNUALLY REGISTER AND COMPLETE THE MHSAA SKINFOLD ASSESSOR REQUIREMENTS.

Are you now, or have you ever been: (mark all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Physician (MD or DO) | <input type="checkbox"/> Certified Athletic Trainer |
| <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Nutritionist |
| <input type="checkbox"/> RN, LPN | <input type="checkbox"/> Health Educator, Exercise Physiologist |

EDUCATIONAL BACKGROUND (degrees attained, certifications held):

BODY COMPOSITION EXPERIENCE:

Number years as MHSAA Skinfold Assessor _____.
Number subjects measured in 2017: _____, 2018: _____, 2019: _____, 2020: _____
Number schools contracted in 2017: _____, 2018: _____, 2019: _____, 2020: _____
Other experiences/settings: _____

BODY COMPOSITION TRAINING:

INSTITUTION: _____ INSTITUTION: _____
INSTRUCTOR: _____ INSTRUCTOR: _____
DATES: _____ DATES: _____

PROFESSIONAL REFERENCES (List two):

1. Name : _____ Phone: (____) _____
Employer: _____ Title: _____
Email: _____

2. Name : _____ Phone: (____) _____
Employer: _____ Title: _____
Email: _____

**SEND THIS COMPLETED APPLICATION, REGISTRATION FORM AND YOUR CHECK TO:
MHSAA SKINFOLD IN-SERVICE, 1661 RAMBLEWOOD DR, EAST LANSING, MI 48823**