

## 2024 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

Email: \_\_\_\_\_

(REQUIRED – USED AS MHSAA LOGIN / USERNAME)

**\$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](mailto:jamie@mhsaa.com). **Late registrations will be charged a \$10 late fee.**

**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
	1	Sept. 17	Tuesday @ 10 a.m. <span style="color: red;">CANCELLED</span>	Kevin Fleming Henry Ford Health 1201 E Michigan Ave; 2 <sup>nd</sup> Floor Community Room Jackson, MI 49201
	2	Sept. 29	Sunday @ 6 p.m. <span style="color: red;">CANCELLED</span>	Kelly Garbig St Mary Preparatory HS Athletic Complex/Ice Arena 3535 Commerce Rd; Banquet Room (2nd Floor) Orchard Lake, MI 48324
	3	Oct. 5	Saturday @ 9 a.m.	Kelly Garbig St Mary Preparatory HS Athletic Complex/Ice Arena 3535 Commerce Rd; Banquet Room (2nd Floor) Orchard Lake, MI 48324
	4	Oct. 6	Sunday @ 6 p.m.	Kelly Garbig St Mary Preparatory HS Athletic Complex/Ice Arena 3535 Commerce Rd; Banquet Room (2nd Floor) Orchard Lake, MI 48324
	5	Oct. 8	Tuesday @ 8:00 a.m.	Ryan Anderson MEDSPORT Domino Farms Lobby A 24 Frank Lloyd Wright Dr; Large Conference Room Ann Arbor, MI 48106
	6	Oct. 12	Saturday @ 8:30 a.m.	Jeffrey Kline Wayne Memorial HS Alumni Arena 3001 4 <sup>th</sup> St Wayne, MI 48184
	7	Oct. 15	Tuesday @ 8:00 a.m.	Ryan Anderson MEDSPORT Domino Farms Lobby A 24 Frank Lloyd Wright Dr; Large Conference Room Ann Arbor, MI 48106
	8	Oct. 15	Tuesday @ 10 a.m.	Kevin Fleming Henry Ford Health 1201 E Michigan Ave; 2 <sup>nd</sup> Floor Community Room Jackson, MI 49201
	9	Oct. 18	Friday @ 10 a.m.	Martha Munsell MHSAA 1661 Ramblewood Dr East Lansing, MI 48823
	10	Oct. 22	Tuesday @ 7 p.m.	Martha Munsell Fowlerville High School 700 N Grand Ave; Room A-100 Fowlerville, MI 48836
	11	Oct. 28	Monday @ 10 a.m.	Martha Munsell MHSAA 1661 Ramblewood Dr East Lansing, MI 48823
	12	Oct. 28	Monday @ 7 p.m.	Martha Munsell Fowlerville High School 700 N Grand Ave; Room A-100 Fowlerville, MI 48836
	13	Oct. 29	Tuesday @ 6 p.m.	Amy Ream Traverse City Central HS 1150 Milliken Dr; Library Traverse City, MI 49686
	14	Nov. 4	Monday @ 10 a.m.	Kevin Fleming Henry Ford Health 1201 E Michigan Ave; 2 <sup>nd</sup> Floor Community Room Jackson, MI 49201

MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION  
2024-25 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 2020: \_\_\_\_\_, 2021: \_\_\_\_\_, 2022: \_\_\_\_\_, 2023: \_\_\_\_\_  
Number schools contracted in 2020: \_\_\_\_\_, 2021: \_\_\_\_\_, 2022: \_\_\_\_\_, 2023: \_\_\_\_\_  
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**