



# FOLEY WRESTLING

## NYWA District Qualifier

(Northland Youth Wrestling Association)

Friday, March 8<sup>th</sup>, 2019

Foley High School

621 Penn Street, Foley MN

Grades K-8

Entry Fee: \$12/wrestler

Spectator Admission Adults: \$5 Students: \$1

**Membership/Insurance Card:** An NYWA insurance card is required to Wrestle in this tournament. This card may be purchased at the door OR save time by purchasing your card at [www.nywa-mn.com](http://www.nywa-mn.com) prior to the tournament. **Membership is \$18. Please have your member number available, member numbers will be checked at the door.**

### RULES:

High School, 4-Man Round Robin

3 – 1 minute periods for K-6

3 – 1 ½ minute periods for 7-8

1<sup>st</sup> and 2<sup>nd</sup> Place winners qualify for Regional Tournament

**Awards:** Medals for all places

**Registration & Weigh-Ins:** Weigh-ins for all ages will be from 4:15-5:45. Wrestling begins at 6:00.

**NWYA weights will be used.**

7-8 grade will wrestle in a separate gym and will start at the same time as K-6 grade.

**CONCESSIONS WILL BE AVAILABLE ALL EVENING**

**FOR ADDITIONAL INFORMATION PLEASE CONTACT:**

Jay Emmerich 320-249-6297 [jay.emmerich@hotmail.com](mailto:jay.emmerich@hotmail.com)

Jordan Petersen 320-250-6588 [jpetersen@bernicks.com](mailto:jpetersen@bernicks.com)

Cut along line-----Cut along line-----Cut along line-----

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Weight Class \_\_\_\_\_

In consideration for the acceptance of this entry blank, I agree to be legally bound herewith for myself, my heirs, executors, administrators or assigns, and do herewith waive and release the owners or real estate where this tournament is to be held, and their agents, representatives, committees and members from any and all claims to rights to damages for injuries or losses suffered by me whether by training, attendance in or traveling to or from this tournament, and further I state that I have adequate health and accident insurance to cover injuries or sickness incurred during this tournament.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*PLEASE MAKE CHECKS PAYABLE TO FOLEY WRESTLING CLUB\*\*\*\*\*