



# PELICAN RAPIDS YOUTH WRESTLING



## NYWA QUALIFIER

**Friday March 9**

**1<sup>st</sup> Place Trophy 2<sup>nd</sup>-4<sup>th</sup> Place Medals**

**OPEN TO GIRLS & BOYS K-8 GRADE**

**Pelican Rapids High School Gymnasium Enter SOUTH WEST Doors**

**Doors open at 4:30 PM, Weigh-ins 4:30-5:30 & Wrestling at 5:45**

**K-4 Leaders Gym & 5-8 Legends GYM**

**4 Wrestler ROUND ROBIN**

**Fan Admissions Adult -\$5.00 Student -\$3.00 Ages 4 & Under – Free**

**Concession will be Available**

**We will do our best to separate by age, weight, school, and club**

**Top TWO per Bracket Qualify for Regions in Bemidji**

**MUST HAVE NYWA INSURANCE TO WRESTLE**

**Insurance can be purchased at event but **QUICKER** to have number in advance.**

**Make Checks Payable To: PELICAN RAPIDS WRESTLING \$15.00 Paid \_\_\_\_\_ PR \_\_\_\_\_**

**NYWA # \_\_\_\_\_**

**NAME \_\_\_\_\_ WEIGHT \_\_\_\_\_ (filled in at weigh in)**

**BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ YRS. EXP. \_\_\_\_\_**

**EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_**

**SCHOOL \_\_\_\_\_ CLUB \_\_\_\_\_**

Waiver: I certify that all the above information is correct. I wave and release the Pelican Rapids Youth Wrestling and Pelican Rapids High School and their agents for any claims to right of damages for injuries and/or losses suffered whether by training, competing, or attendance in or traveling to and from this tournament and further I state I have adequate health and accident insurance to cover injuries or sickness incurred during this tournament.

Parent/Guardian Signature \_\_\_\_\_

contact: John 701-809-4431 or JJ -701-306-9502