



# FOLEY WRESTLING

## NYWA District Qualifier

(Northland Youth Wrestling Association)

Friday, March 11<sup>th</sup>, 2022

Foley High School

621 Penn Street, Foley MN

Grades K-8

Entry Fee: \$15/wrestler

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

**Membership/Insurance Card:** NYWA insurance card is required to Wrestle in this tournament and needs to be purchased **Prior to the Tourney**. Purchase your card at [www.nywa-mn.com](http://www.nywa-mn.com) **Please have your member number available it will be checked at the door.**

**RULES:** High School Rules, 4-Man Round Robin **Awards:** Medals for all places  
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 – Region #4 - New London Spicer Region.

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

**Scratch weights by ages (K, 1-2, 3-4, 5-6) will be used for K-6, to make 4-man brackets.**

**NYWA weights will be used for 7<sup>th</sup> & 8<sup>th</sup>**

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

CONCESSIONS WILL BE AVAILABLE

**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)

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

School \_\_\_\_\_ Weight (scale person) \_\_\_\_\_

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\*\*\*\*\*