



# FOLEY WRESTLING

## NYWA District Qualifier



Friday, March 6<sup>th</sup>, 2026

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, Round Robin Brackets. 3/1 min periods for K-6 and 3/1-½ min periods for 7-8.

**Awards:** Medals for all places. 1<sup>st</sup> and 2<sup>nd</sup> Place winners qualify for Regional Tournament – Region #4 .

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

**Bracketing:** K-6 will use scratch weights by grade (K, 1-2, 3-4, 5-6). 7-8 will use NYWA weights.

**Wrestling:** 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:**

[FoleyFalconWrestling@gmail.com](mailto:FoleyFalconWrestling@gmail.com)

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

School \_\_\_\_\_ Weight (at event) \_\_\_\_\_

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\*\*\*\*\*