



## Westfield Razorback Youth Wrestling INDIVIDUAL-DISTRICT QUALIFIER Pre-K – 8<sup>th</sup> Grade

**WHEN:** Friday, March 6<sup>th</sup>, 2026

**WHERE:** Blooming Prairie High School

**WEIGH INS:** 4:15 pm – 5:30 pm

**WRESTLING STARTS:** 6:15 pm (Pre-K-4<sup>th</sup> and 5<sup>th</sup>-8<sup>th</sup> held in separate gyms).

**ENTRY FEE:** \$20.00 at the door. No PRE-REGISTRATION. This is an NYWA-sanctioned tournament. All wrestlers must have a current NYWA Membership to participate. Memberships can be purchased online at [www.nywa-mn.com](http://www.nywa-mn.com). If a membership is purchased AFTER the district your wrestler qualifies at, they will NOT be able to advance to regions. The memberships MUST BE PURCHASED PRIOR TO DISTRICTS

**AWARDS:** 1<sup>st</sup> Place District Champion T-shirt or Medal, 2<sup>nd</sup>-4<sup>th</sup> Medals

**ADMISSION:** Adults: \$5.00, Students/Kids: Free

### TOURNAMENT PROCEDURES:

- Four-man round robin (when possible)
- High School rules apply
- Pre-K – 6<sup>th</sup> matches will be 3 – 1-minute periods
- 7<sup>th</sup> & 8<sup>th</sup> grade matches will be 3 - 1 ½ minute periods
- MSHSL Officials for 5th-8th grade matches
- Concessions available

**QUESTIONS:** email [westfielddyouthwrestling@gmail.com](mailto:westfielddyouthwrestling@gmail.com)

**Wrestler Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **NYWA Number:** \_\_\_\_\_

In consideration for the acceptance of this entry blank, I agree to be legally bound herewith for myself, my heirs, executors, administrators, assigns and do herewith waive and release the owners of the 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 and/or losses suffered by me whether by training, attendance in or traveling to or from this tournament, and further state that I have adequate health and accident insurance to cover any injuries or sickness incurred during this tournament.

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please make checks payable to **Westfield Razorback Youth Wrestling**, No Refunds.*