



# 2025 NYWA District Qualifier

Albert Lea Senior High School

2000 Tiger Ln.

Albert Lea, MN 56007

**COULD BE CHANGED - CHECK  
FREQUENTLY FOR UPDATES**

**Date:** Friday, March 7th, 2025

**Weigh-Ins:** 4:30 – 5:15pm

**Wrestling:** 5:45pm

**Registration:** \$15 @ Door

**NYWA Cards:** \$25 @ Door

We will have current memberships on file if you need us to look up your information.

**Brackets:** Four Person Round-Robin (Paired by Grade/Weight)

**Rules:**

- MSHSL/NFHS Folkstyle Rules
- 3-1 Minute Periods (PreK-6<sup>th</sup>) & 3- 1:30 Minute Periods (7<sup>th</sup>-8<sup>th</sup>)

**Advancement:**

- If less than 200 wrestlers register, all wrestlers advance to region tournament.
- Top two in each bracket without prior advancement will advance to region tournament.

**Awards:**

- Medals for 1<sup>st</sup>-4<sup>th</sup>

**Out of state wrestlers are welcome! Must purchase NYWA card. They may medal but not advance or take advancement positions!**

**Admission:**

- Adults - \$5
- Students - \$3

**Concessions:** Available All Evening

**Tournament Contact:**

Ben Lares

507-382-7922

benjaminlares@hotmail.com

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**MAKE REGISTRATION CHECKS PAYABLE TO:** Albert Lea Wrestling Booster Club

**NYWA MEMBERSHIP CHECKS SEPARATE TO: NYWA Wrestling!**

WRESTLERS NAME: \_\_\_\_\_

CITY/ORGANIZATION: \_\_\_\_\_ (Be consistent with teammates – helps pairings)

I/We hereby give permission to \_\_\_\_\_ to wrestle in the Albert Lea NYWA District Qualifier Tournament, and I/We accept full responsibility for his/her behavior and responsibility for any injuries that may occur to him/her.

Parent/Guardian name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Grade: \_\_\_\_\_

COMPLETED  
BY WEIGH-IN  
STAFF!

Weight: \_\_\_\_\_

WRESTLERS NAME: \_\_\_\_\_

CITY/ORGANIZATION: \_\_\_\_\_ (Be consistent with teammates – helps pairings)

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Age: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Grade: \_\_\_\_\_

COMPLETED  
BY WEIGH-IN  
STAFF!

Weight: \_\_\_\_\_

WRESTLERS NAME: \_\_\_\_\_

CITY/ORGANIZATION: \_\_\_\_\_ (Be consistent with teammates – helps pairings)

I/We hereby give permission to \_\_\_\_\_ to wrestle in the Albert Lea NYWA District Qualifier Tournament, and I/We accept full responsibility for his/her behavior and responsibility for any injuries that may occur to him/her.

Parent/Guardian name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Grade: \_\_\_\_\_

COMPLETED  
BY WEIGH-IN  
STAFF!

Weight: \_\_\_\_\_