



New York State Volunteer Ambulance & Rescue Association, Inc.

P.O. Box 364, Tomkins Cove, NY 10986

Phone: (877) NYSVARA | Fax: (607) 785-2537 | www.nysvara.org

PULSE CHECK 2017 - EMS SKILLS DRILL CHALLENGE TEAM REGISTRATION FORM

ORGANIZATION

MEMBER ORGANIZATION:

ORGANIZATION ADDRESS:

CITY: **STATE:** **ZIP:**

EMAIL:

NAME OF CONTACT:

CONTACT PHONE #:

CONTACT EMAIL:

TEAM NAME:

TEAM CAPTAIN:

TEAM MEMBERS: PARTICIPANT LIMIT: 5 FOR YOUTH, 4 FOR ADULT

| NAME: | AGE: | NAME: | AGE: |
|----------------------|----------------------|----------------------|----------------------|
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YOUTH TEAM **ADULT TEAM** **1ST TIME PARTICIPANTS** **FORM UPDATE**

Simply submit an updated form for prior to the conference if substitutions or changes in team members occur.

***ADVISORS NAME:**

***ADVISORS PHONE #:**

***ADVISORS EMAIL:**

**Advisor information required for youth squads*

Note: The EMS Skills Drill Challenge is run according to the NYSVARA Drill Rules, which can be found on our web-site at www.nysvara.org under the "library" tab. To participate in the Pulse Check EMS Skills Drill Challenge, team registration should be received by September 8th . A Pulse Check Educational Conference registration form must be complete as well along with full registration payment for each participant.

Questions may be directed to Rolly Churchill -Chairperson, Drills Committee at drills@nysvara.org or:

QUESTIONS?

Please contact the Pulse Check Conference Team at:
pulsecheck@nysvara.org

SUBMIT THIS FORM TO:

MAIL Pulse Check 2017
PO Box 364
Tomkins Cove, NY 10986

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FAX (607)785-2537