



The **New York State Volunteer Ambulance and Rescue Association, Inc.**

**P.O. Box 364  
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[www.nysvara.org](http://www.nysvara.org)

**PULSE CHECK 2016 - EMS SKILLS DRILL CHALLENGE TEAM REGISTRATION FORM**

**Member Organization:** \_\_\_\_\_

**Address of Organization:** \_\_\_\_\_  
\_\_\_\_\_

**Name of Contact:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**Contact E-Mail Address:** \_\_\_\_\_

**Team Name:** \_\_\_\_\_

**Team Captains Name:** \_\_\_\_\_

**Team Members Names and ages:**

- 1) \_\_\_\_\_ 2) \_\_\_\_\_
- 3) \_\_\_\_\_ 4) \_\_\_\_\_
- 5) \_\_\_\_\_ 6) \_\_\_\_\_

**Youth Team:** \_\_\_\_\_ **Adult Team:** \_\_\_\_\_ **1<sup>st</sup> Time Participants:** \_\_\_\_\_ **Form Update:** \_\_\_\_\_

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

**Advisors Name:** \_\_\_\_\_

*(Required for youth squad)*

**Advisors Phone #:** \_\_\_\_\_

**Advisors E-Mail Address:** \_\_\_\_\_

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](http://www.nysvara.org) under the "library" tab. To participate in the Pulse Check EMS Skills Drill Challenge, team registration must be received by September 10<sup>th</sup>. 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](mailto:drills@nysvara.org)