



The **New York State Volunteer Ambulance and Rescue Association, Inc.**  
**Post Office Box 254**  
**East Schodack, New York 12063**  
**Phone: (877) nys-vara Fax: (518) 477-4430**  
[www.nysvara.org](http://www.nysvara.org)

**PULSE CHECK 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 August 31. A Pulse Check Educational Conference registration form must be complete as well along with full registration payment.

Questions may be directed to Teresa McLaughlin-Chairperson, Drills Committee at [drills@nysvara.org](mailto:drills@nysvara.org)