

2011 Technical Rescue Competition REGISTRATION FORM

Name of TEAM or AFFILIATION: _____
 Type of Registration: Team Observer Photographer
 Competition Category: BASIC ADVANCED VERTICAL
 Level of Emergency Care capability: BASIC ADVANCED
 Preferred day of competition: FRIDAY SATURDAY

PRIMARY POINT OF CONTACT:

Name: _____ EMAIL: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home phone: (_____) _____ Work phone: (_____) _____

TEAM MEMBER LIST:

- 1. Team Leader: _____ DSHS Level: _____
- 2. Name: _____ DSHS Level: _____
- 3. Name: _____ DSHS Level: _____
- 4. Name: _____ DSHS Level: _____
- 5. Name: _____ DSHS Level: _____
- 6. Name: _____ DSHS Level: _____
- 7. Name: _____ DSHS Level: _____
- 8. Name: _____ DSHS Level: _____
- 9. Name: _____ DSHS Level: _____
- 10. Name: _____ DSHS Level: _____
- 11. Name: _____ DSHS Level: _____
- 12. Name: _____ DSHS Level: _____
- First ALTERNATE: _____ DSHS Level: _____
- Second ALTERNATE: _____ DSHS Level: _____
- Patient name: _____

COMMUNICATIONS CAPABILITIES:

Will your Team be bringing portable radios? YES How many? _____ NO
 Command / Control frequency (include PL): _____
 Medical Control frequency (include PL): _____

<input type="checkbox"/> Early TEAM registration.....	\$ 120.00	TOTAL \$ _____
<input type="checkbox"/> TEAM registration (AFTER 9/30/11).....	\$ 150.00	TOTAL \$ _____
<input type="checkbox"/> Observer / Photographer (each).....	\$ 10.00	TOTAL \$ _____
		TOTAL FEES \$ _____

Make checks payable to "TRC, Inc"
Complete and attach a "RELEASE of LIABILITY" Form for each team member and patient (available at www.texasrescue.net)

MAIL COMPLETED FORMS TO:
 TECHNICAL RESCUE COMPETITION 2011
 12 Harbour Point Circle
 Fort Worth, TX 76179-3256