WISCONSIN EMS HONOR GUARD ASSOCIATION
Training Camp Registration Form
July 9–11, 2026, by Competitive Outcomes, Inc in Tomah. WI

Participant Information
Full Name: _____
District # : _____
Rank/Position (Officer/Member): _____
Email Address: _____
Phone Number: _____
Address: _____
City/State: _____

Emergency Contact Information
Name: _____
Relationship: _____
Phone Number: _____

Training Camp Details & Requirements

- **Training Dates: July 9–11, 2026, in Tomah, WI - 8:00 am-5:00 pm daily**
- **Attendance is mandatory for all three days**
- **Class A Uniform is required for Day 3 participation**
- **This training camp is provided at no cost**

Commitment & Attendance Agreement
COMMITMENT TO TRAINING. The parties to this Agreement recognize that, to increase the efficiency and professionalism of the WIEMSHG, officers must make a greater commitment to training and skills development to better train district members.

By signing below, you acknowledge and agree:

- You are committing to attend and complete the full 3-day training camp
- If you withdraw after committing, **except in cases of severe personal emergency**, you may be responsible for costs
- If another Wisconsin EMS Honor Guard member cannot fill your spot, you will be billed $375 **if specified by the commander.**
- Failure to attend or failure to complete (graduate) the training may result in the same billing

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Media Release & Consent
I understand that:

- I will be **photographed and/or filmed** during training
- This media will be used for:
    - Skill development and review
    - Creation of official training materials and video series
    - Use by the **Wisconsin EMS Honor Guard Association, Inc.**

By signing below, I **grant full consent** for my image, voice, and participation to be used for these purposes without compensation.

Acknowledgment & Signature
I have read, understand, and agree to all requirements, expectations, and policies listed above.
Participant Name (Print): _____
Signature: _____
Date: _____
