

Security / Parking Registration



October 16 - 17, 2026 • The College at Brockport • Celebrating 39 Years of Abilities

NAME _____ **Birth Date** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

MOBILE PHONE _____

EMAIL _____

SHIRT SIZE (PLEASE CIRCLE) **M** **L** **XL** **2XL** **3XL** **4XL**

FRIDAY, OCTOBER 16, 2026

_____ **8:30am – 10:00am – Bus Parking, Athlete arrival**

_____ **9:30am - 11:00am - Opening Ceremonies**

_____ **11:00 AM – 2:00 PM - SERC Competition**

_____ **1:30 PM - 2:30 PM - Bus loading, front of SERC**

_____ **8:30 - 2:30 - Available full day**

Experience:

____2025____2024____2023____2022____2021____2019____2018____2017____2016____2015____2014____2013____2012____2011____2010____
____2009____2008____2007____2006____2005____2004____2003____2002____2001____2000____1999____1998____1997____1996____1995____
____1994____1993____1992____1991____1990____1989____1988____1987____

Please return by October 5, 2026 to:

By Email to: smaxwell@brockport.edu

By Fax to (888) 863-7491

By Mail to:

**Games for the Physically Challenged, Susan Maxwell,
SUNY College at Brockport, 350 New Campus Drive, Brockport, NY 14420-2993**

Please complete waiver on backside of form.

2026 Games for the Physically Challenged - Security Parking Volunteer Registration Form

Volunteer Name (print): _____

Please answer all questions:

1. Have you volunteered for the Games in the past? ____ Yes ____ No

If yes, tell us how long _____

What Committees? _____

2. List any medical conditions, disabilities, etc. which might affect your assignment: _____

3. Except for minor traffic violations, have you ever been convicted of a violation of the law? (a yes answer does not necessarily preclude you from volunteering with ESGPC) ____ No ____ Yes

If Yes, please list the violation(s) or crime(s) of which you were convicted and the date(s) of the convictions below:

4. Are you currently on parole or probation? ____ No ____ Yes - If yes, please explain: _____

5. Are you currently awaiting trial on any criminal charge? ____ No ____ Yes - If yes, please explain: _____

6. Are you currently on deferred adjudication? ____ No ____ Yes - If yes, please explain: _____

7. Have you been discharged or asked to resign from any position in the past 5 years? ____ No ____ Yes - If yes, please explain: _____

Background Check Consent

I hereby authorize Camp Smile Inc. to make such investigations and inquiries of my employment and background as may be necessary in arriving at a volunteer position with the Empire State Games for the Physically Challenged.

Waiver & Medical Release

I hereby release and forever discharge any and all rights and claims for damages, including any claims, for loss, damages or injury to my person or property arising out of the performance or failure of performance of the Camp Smile Inc., the State of New York, the New York State Office of Parks, Recreation, and Historic Preservation, the owner of the site of competition I am volunteering at, or the respective officers, agents, representatives, successors and/or assignees of the parties named above, from any and all claims, demands and liability of every kind and nature, legal or equitable occasioned by or arising out of my volunteering for the event known as the Empire State Games for the Physically Challenged.

I recognize the challenges of the event(s) in which I have chosen to volunteer, and I assume all risks of personal injury or death in connection therewith. I attest that I am sufficiently physically fit to participate safely therein, and that a qualified medical person has not advised me otherwise. I hereby consent to allow my picture or likeness to appear in any official documentary, sponsor advertisement or exclusive television coverage of the Empire State Games for the Physically Challenged programs in any manner incidental to my participation in the Empire State Games for the Physically Challenged and without compensation to me.

I hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of emergency. I also authorize the attending medical person to execute on my behalf any permission forms and other appropriate medical documents on my behalf if I am not immediately available to do so. I understand that I am responsible for any charges incurred by me or on my behalf for medical treatment.

I hereby agree that I will abide by the code of conduct as stated in the Empire State Games for the Physically Challenged Handbook, and if failing to do so, will abide by any penalties as stipulated by such.

By signing below, I certify that I have read the statements above, and agree to the terms stated therein.

Signature (all applicants must sign here)

Date

Under age 18 Parent/Guardian Permission: By signing below, I certify that I am the parent or legal guardian of the applicant and have read the above content and the information provided, agree to the terms on behalf of the applicant, and grant permission for him/her to volunteer for the Empire State Games for the Physically Challenged.

Signature of parent/guardian (parent/guardian must sign if applicant is under age 18)

Date

Return Completed forms by October 5, 2026:

By Email to: smaxwell@brockport.edu By Fax to (888) 863-7491

**By Mail to: Games for the Physically Challenged, Susan Maxwell,
SUNY College at Brockport, 350 New Campus Drive, Brockport, NY 14420-2993**