



Officials Volunteer Form



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

Please Print

Due Date: October 5, 2026

Name (Last) _____ (First) _____

Street _____

City _____ State _____ Zip _____

Home # (____) _____ Cell (____) _____ Birthdate _____ / _____ / _____

Email: _____

Shirt size (circle one): S M L XL 2XL 3XL 4XL

Competition:

Friday:
October 16th **Track** (9:00 - 2:30) **Preferred Assignment** _____
 Field (9:30 - 2:30) **Preferred Assignment** _____
 Slalom (9:30 - 2:30) **Archery** (11 - 2:30)

Saturday:
October 17th **Swimming** (10:00 - 12:30)

Additional Information:

1. Do you have any medical conditions, disabilities, etc. which might affect your assignment?

2. Any additional information _____

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

If you have any questions, please call the Brockport Office at 585-395-5620
OR Email: smaxwell@brockport.edu

Return Forms by October 5, 2026 to:

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

By Mail to: Empire State Games for the Physically Challenged, Susan Maxwell,
SUNY College at Brockport, 350 New Campus Drive (TN B223B) Brockport, NY 14420

PLEASE COMPLETE WAIVER ON BACK

2026 Games for the Physically Challenged Officials Application 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 into 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 both pages of the completed form by **October 5, 2026** to:

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

**By Mail to: Empire State Games for the Physically Challenged, Susan Maxwell,
SUNY College at Brockport, 350 New Campus Drive, Tuttle North B223B, Brockport, NY 14420**