

October 28, 2025 • CNY Family Sports Centre • Celebrating 38 Years of Ability

Dear Group Leader,

Thank you for your interest in volunteering for the Empire State Games for the Physically Challenged. The Adapted Sports Clinic will be held on Tuesday, October 28, 2025, at the Central New York Family Sports Centre, 7201 Jones Road, Syracuse, NY. Please review the information on this sheet; the group volunteer sign-up form and the volunteer insurance/waiver forms.

1. Please ensure that all volunteers are 16 years of age or older, unless otherwise approved by the Games office. All volunteers must provide their birthdate. Due to the programs inclusion of minors, **all** volunteer names and birthdates are run through the NYS-SOR.
2. Student groups must have adequate adult supervision while at the Games site.
3. All Volunteers will receive a T-shirt that they are required to wear during the event.
4. Volunteers should dress appropriately. All activities will be held indoors.
5. The provided lunch will consist of hot dogs, pizza, snack, and a drink. Anyone requiring a special diet must bring their own lunch.
6. Please return the Group Volunteer form by October 15, 2025. Each individual volunteer must complete the insurance/waiver/medical form to volunteer. Each form requires the volunteer's signature and a parent/guardian signature if the volunteer is under the age of 18. It is preferred to have all volunteer insurance/waiver/medical forms in by the October 15, 2025, deadline. All completed forms must be on-site the day of the event. Waivers can be turned in at the volunteer registration table.

For further information or questions: please contact Susan Maxwell by email at smaxwell@brockport.edu

2025 Empire State Games for the Physically Challenged Group Volunteer Student Waiver 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 form by October 15, 2025 to:

Fax - 888-863-7491 or Email - smaxwell@brockport.edu

**Empire State Games for the Physically Challenged, SUNY College at Brockport,
350 New Campus Drive, B223B Tuttle North, Brockport, NY 14420**

If you are volunteering with a SCHOOL GROUP please return form to your teacher or coach.

School Group Volunteer Form



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Volunteers must be at least 16 years of age.

Name (PRINT NEATLY)	Date of Birth	T-Shirt Size

Total T-Shirt Count: S: ____ M: ____ L: ____ XL: ____ 2XL: ____ 3XL: ____

Teacher/Chaperone Name: _____

School/Group Name: _____

Mailing Address: _____

Contact Phone #: (____) _____ **Fax:** (____) _____

Email: _____

Return form by October 15, 2025, to:

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