



## Coach Information Form

October 29, 2019 • CNY Family Sports Centre • 9:30am - 1:00pm • Celebrating 33 Years of Abilities

**Please Print NEATLY and fill out entire form. THANK YOU!**

**School or Team Name** \_\_\_\_\_

**Coach's Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Business phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Pager/cell** \_\_\_\_\_

**Email address** \_\_\_\_\_

**All information and forms will be sent via email unless otherwise requested.**

**(If you prefer mail to be sent to your home address please indicate)**

**Home Street address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Number of Athletes anticipated for the 2019 Adapted Sports Clinic** \_\_\_\_\_

**How Long have you been involved in the Syracuse Adapted Sports Clinic?** \_\_\_\_\_

**Are you interested in our other programs? (SUNY Brockport - October 18 - 19, 2019) \_\_\_ YES \_\_\_ NO**

**If you have any questions or require additional information, please email [smaxwell@brockport.edu](mailto:smaxwell@brockport.edu)**

**Return to:**

**Empire State Games for the Physically Challenged  
350 New Campus Drive. TN B223B, Brockport, NY 14420-2993**

**Fax to: (888) 863-7491    Email to: [smaxwell@brockport.edu](mailto:smaxwell@brockport.edu)**

For more information, please visit our website at:  
[www.empirestategamespc.org](http://www.empirestategamespc.org)



## **Adapted Sports Clinic Registration**

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**The Empire State Games for the Physically Challenged is a program of fitness and adapted sports competition for youth, ages 5 – 21, who are visually impaired, hearing impaired, spinal cord injured, amputees, have Cerebral Palsy or Les Autre (meaning the other; Muscular Dystrophy, Arthritis, Dwarfism, Heart Conditions, etc.)**

**The Adapted Sports Clinic is a great way to get ready for the fun competition of the Brockport Games held each October at SUNY College at Brockport. The Clinic helps to introduce the activities and competitive events to new athletes and serves as Games training preparation for all athletes.**

**Athletes will learn about and participate in field events, mini golf, basketball shooting, target shoot, slalom, wheelchair and ambulatory slalom and other activities.**

**Free lunch will be provided for all participants, their families, teachers & volunteers.**

**To participate in the Adapted Sports Clinic, complete the application on the back of this letter and return form to the school.**

***Registration Deadline is October 21, 2019***

**For additional information, please email the Games Office at:  
smaxwell@brockport.edu**

For more information, please visit our website at:  
[www.empirestategamespc.org](http://www.empirestategamespc.org)



## Athlete Registration Form

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**FORM MUST BE COMPLETED AND RETURNED THE DAY OF THE EVENT WITH PARENT SIGNATURES FOR ATHLETE TO BE ABLE TO PARTICIPATE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Physical Challenge: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

# of adults that will accompany you \_\_\_\_\_ # of siblings that will accompany you \_\_\_\_\_

### RELEASE:

#### To whom it may concern:

*I release said Empire State Games for the Physically Challenged, Camp Smile, Inc., Lions Club International and Central New York Family Sport Centre from any and all liability, damages, or responsibility for personal injuries, property damage, and any other damages whatsoever in connection with the Adapted Sports Clinic on Tuesday, October 29, 2019 at Central New York Family Sport Centre. This release may not be changed orally.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ (Parent/Guardian under 18 yrs.)

#### Permission to Photograph:

*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 in any manner incidental to my participation in the Empire State Games for the Physically Challenged without compensation to me.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ (Parent/Guardian under 18 yrs.)

**Directions: Take Rte. 690 to Jones Rd. Exit. Turn right onto Jones Rd and the Sport Centre is 1/4 mile down the road on the left. If further directions are needed, please call the Sport Centre at (315) 638-8866.**

For additional information, contact Susan Maxwell by email: [smaxwell@brockport.edu](mailto:smaxwell@brockport.edu)

**RETURN FORM TO YOUR SCHOOL**

For more information, please visit our website at:  
[www.empirestategamespc.org](http://www.empirestategamespc.org)

