



**Syracuse
Adapted Sports Clinic**



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

**Empire State Games for the Physically Challenged
Volunteer Registration Form**

Please join us on October 28, 2025 for an exciting day of adapted sports for children with a physical challenge. Volunteers are needed to assist with a wide variety of activities to include registration, mini golf, field events, basketball shooting, target shooting, lacrosse, ambulatory and wheelchair slalom, and many other activities. Lunch will be provided. Volunteers are needed from 8:30am – 1:30pm. Please email: smaxwell@brockport.edu if you have any questions.

Directions: Take Rte. 690 to Jones Rd. Exit. Turn right onto Jones Rd and the CNY Family Sport Centre is ¼ mile down the road on the left. 7201 Jones Rd. If further directions are needed, please call the Sport Centre at (315) 638-8866.

PLEASE PRINT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work _____ Cell _____

Email address: _____

T-Shirt Size: (please circle) S M L XL 2XL 3XL 4XL

Please be sure to read, sign and date the enclosed Volunteer Insurance Information. All volunteers under the age of 18 must have a parent/legal guardian signature as well.

Please return forms by October 15, 2025, to:

Games for the Physically Challenged, 350 New Campus Drive, Brockport, NY 14420-2993

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

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 inquires 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 both pages of the completed form by **October 15, 2025**, to:
**Empire State Games for the Physically Challenged, SUNY College at Brockport, 350 New Campus Drive,
B223B Tuttle North, Brockport, NY 14420**
Fax to: (888) 863-7491 or Email to: smaxwell@brockport.edu