

2018

Games for the Physically Challenged
350 New Campus Drive
Brockport, NY 14420
Phone: 585-395-5620
Fax: 888-863-7491
smaxwell@brockport.edu



Celebrating "32" Years of Ability

Dear Group Leader,

Thank you for your interest in volunteering for the Camp Smile Empire State Games for the Physically Challenged. The Games will celebrate "32 Years of Ability" on Friday, October 12th and Saturday, October 13th, 2018 at SUNY Brockport, SERC & Tuttle North Athletic Complex. Please review the information on this sheet, fill out the enclosed group volunteer information form, the group volunteer sign-up form and the student volunteer insurance/waiver forms.

1. Please insure that all volunteers are 16 years of age or older, unless otherwise cleared by the Games office.
2. Student groups must have adequate adult supervision while at the Games site.
3. Volunteers will receive a T-shirt that they are required to wear.
4. Volunteers should dress appropriately and according to the weather of the day, be prepared for anything, as events will be outdoors on Friday.
5. The provided lunch will consist of hotdogs/Friday and hamburgers/Saturday. Anyone requiring a special diet must bring his or her own lunch.
6. The group coordinator should check in for the group, and pick up ID tags and shirts at the Volunteer Registration in TN Gym 206.
7. Please return the Group Volunteer forms by October 3, 2018. Each volunteer must fill out an insurance/waiver/medical form to volunteer. Each form requires a parent/guardian signature. You may bring these forms with you to the volunteer registration table on Friday, October 12th.

If you have any questions, please contact:

Susan Maxwell at the Games Office at (585) 395-5620
Or by email at smaxwell@brockport.edu.

Visit our website at: www.empirestategamesny.com

New Fax Number 888-863-7491



Empire State Games for the Physically Challenged
SUNY Brockport
October 12 & 13, 2018



Group Volunteer Information Form

School or Group _____

Address _____

City _____ State _____ Zip _____

Contact Person _____

Phone Number _____ Cell Phone _____

Email: _____

Volunteer options:

Friday, October 12th:

Buddies (9am – 2pm) _____ (work 1 on 1 with an athlete)

Demonstrations (9am – 2pm) _____ (assist with demo games/activities)

Slalom (9am – 2pm) _____ (assist with set up and run event)

Saturday, October 13th:

Swimming (9am – 12noon) _____ (assist with swimmers in pool & timers)

Registration Deadline: October 3, 2018

There are a limited number of volunteer positions to be filled.

Positions will be filled as registrations are received. All others will be asked to participate as boosters, cheering on the athletes. Due to the large number of groups, there is a limit of 25 volunteers per group.

New Fax Number 888-863-7491

Faxes will come directly to my email.



Empire State Games for the Physically Challenged
School Group Volunteer Form
SUNY College at Brockport - October 12 & 13, 2018
"Celebrating 32 Years of Ability"



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

Total T-Shirt Count: M: _____ L: _____ XL: _____ XXL: _____

Teacher/Chaperone Name: _____

School/Group Name: _____

Mailing Address: _____

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

Email: _____



2018 Games for the Physically Challenged Student/Group Volunteer Waiver and Release 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 CSESGPC) 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 Camp Smile 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 Camp Smile 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 Camp Smile Empire State Games for the Physically Challenged programs in any manner incidental to my participation in the Camp Smile 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 Camp Smile 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 Camp Smile 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 3, 2018** to:
**Games for the Physically Challenged, Susan Maxwell, SUNY College at Brockport,
350 New Campus Drive, Brockport, NY 14420
Or fax both pages to 888-863-7491**