

Camp Smile Empire State Games for the Physically Challenged Adapted Sports Clinic - Volunteer Form



**Wednesday, September 26, 2018
Central New York Family Sport Centre
7201 Jones Rd, Syracuse**

Please join us on September 26th for an exciting day of 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 Sport Centre is ¼ mile down the road on the left. 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 XXL

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 September 20th to:
Games for the Physically Challenged
350 New Campus Drive
Brockport, NY 14420-2993

OR FAX TO:
(888) 863-7491

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 know 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 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 both pages of the completed form by **September 20th** to:
**Empire State Games for the Physically Challenged, SUNY College at Brockport, 350 New Campus Drive,
Brockport, NY 14420
Or fax both pages to (888) 863-7491**