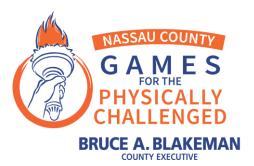
COME JOIN THE FUN!
Mitchel Athletic Complex &
Nassau Community College
May 31st – June 1st, 2024

Dloogo Drint



CELEBRATING
"38 YEARS"
Of ABILITY

Track & Field Officials Application Form

NEW RETURN DATE
April 1, 2024

rease rimit								
Name (Last)	(First)							
Street								
City				S	tate	Zip		
Home Phone ()			Work Phone ()					
Cell ()			Birthdat	e/_				
Email :								
Shirt size (circle one)	\mathbf{S}	M	L	XL	XXL	XXXL		
			Con	petition	<u>:</u>			
Friday: May 31, 2024	Track (8:30 am - 3:00 pm) Field (7:30 am - 2:30 pm)							
, ,	Table Tennis (5:30 - 10 pm) Nassau Community College							
Saturday: June 1, 2024	Track (8:30 am - 3:00 pm) Field (7:30 am - 2:30 pm)							
•	High Jump (11:00 - 3:00 pm) Long Jump (11:00 - 3:00 pm)							
_	Ambulatory Slalom (9:00 am - 4:00 pm)				Wheelchair Slalom (9:00 am - 4:00 pm)			
I am unable to v	/olunteer	for the 2	2024 Gam	nes but pl	ease keep	me on the	mailing list.	
I am no longer a	able to vo	olunteer,	please re	move me	from the	mailing list		

Please complete all information and sign waiver form.

Return <u>BOTH PAGES</u> of the completed form by <u>April 1^{st} , 2024</u> to:

BY Fax: (888) 863-7491 OR Email: victorychallenge@nassaucountyny.gov

Games for the Physically Challenged, Nassau County Department of Parks, Recreation & Museums, Administration Building, Eisenhower Park, East Meadow, NY 11554

Track/Field Official Name (print)	Page 2
Track/Field Official Name (print):	
Please answer all questions: 1. Have you volunteered for the Games in the past?YesNo	
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 volunteering with NCESGPC)NoYes If Yes, please list the violation(s) or crime(s) of which you were convicted and the date(s) of the convictions below:	y preclude you from
4. Are you currently on parole or probation?NoYes - If yes, please explain:	
5. Are you currently awaiting trial on any criminal charge?NoYes - If yes, please explain:	
6. Are you currently on deferred adjudication?NoYes - If yes, please explain:	
7. Have you been discharged or asked to resign from any position in the past 5 years?NoYes - If yes, pl	lease explain:
Volunteer Insurance Information	
Volunteers <i>approved</i> by Nassau County will be provided protection under Workers Compensation should they be injured while perfo as a volunteer. The protection provided shall be subject to all terms and conditions as established by law. In the event of an accident action, volunteers must contact Nassau County, at the address provided below, immediately.	
Background Check Consent	
I hereby authorize Nassau County to make such investigations and inquiries of my employment and background as may be necessary	in determining
whether to approve my volunteer application for a volunteer position with the 2024 Nassau County Empire State Games for the Physical County Empire State G	ically 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 inj property arising out of the performance or failure of performance of the County of Nassau, the owner of the site of competition I am the respective officers, agents, representatives, successors and/or assignees of the parties named above, from any and all claims, den every kind and nature, legal or equitable occasioned by or arising out of my volunteering for the event known as the 2024 Nassau of 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 consent to allow my picture or likeness to appear in any official documentary, sponsor advertisement or exclusive television coverage. County Empire State Games for the Physically Challenged programs in any manner incidental to my participation in the 2024 Na 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 person to execute on my behalf any permission forms and other appropriate medical documents on my behalf if I am not immediate. I understand that I am responsible for any charges incurred by me or on my behalf for medical treatment. I hereby agree, I will not, by reason hereof, make any claim, demand, or application for any right or privilege applicable to an of Nassau County, other then what is specifically provided for, including but not limited to unemployment insurance benefits, social semployee retirement membership or credit. I have received and hereby agree that I will cooperate and abide by code of conduct as stated in the 2024 Nassau County Empire Physically Challenged Handbook and all rules and regulations as may be requested by Nassau County, and if failing to do so, will also stipulated by such. By signing below, I certify that I have read the sta	connection therewith otherwise. I hereby e of the 2024 Nassau assau County Empire he attending medically available to do so security coverage, o
	_
Signature (all applicants must SIGN and DATE) Date	
<u>Under age 18 Parent/Guardian Permission</u> : By signing below, I certify that I am the parent or legal guardian of the applicant and content and the information provided, agree to the terms on behalf of the applicant, and grant permission for him/her to volunteer County Empire State Games for the Physically Challenged.	
Signature of parent/guardian (parent/guardian must SIGN and DATE if applicant is under age 18) Date	_

Return <u>both pages</u> of the completed form by <u>April 1st, 2024</u> to:

By Fax: (888) 863-7491 or Email: <u>victorychallenge@nassaucountyny.gov</u>