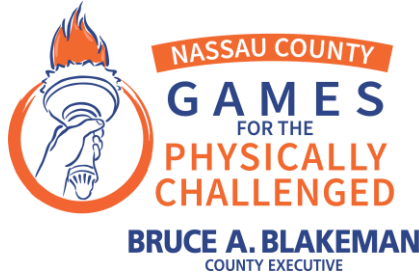


May 30 – 31, 2025  
Mitchel Athletic Complex &  
Nassau Community College



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School Code

Please keep a copy of this  
form for your records

*Athlete Medical Information & Waiver*

**PLEASE PRINT**

Athlete Last Name \_\_\_\_\_ Athlete First Name \_\_\_\_\_

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Street Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Person to contact in case of Emergency \_\_\_\_\_  
(PLEASE PRINT)

Relationship to Athlete	Emergency Daytime Phone Number	Other Emergency Phone Number
<small>Area Code</small>	<small>Area Code</small>	<small>Area Code</small>

**Athlete Medical Information - please check the appropriate boxes**

Allergies  NO  YES (Specify \_\_\_\_\_)

Medications  NO  YES (List \_\_\_\_\_)

Athletic limitations:  NO  YES (Specify \_\_\_\_\_)

Heart/blood pressure problems:  NO  YES

Seizure type \_\_\_\_\_ controlled. Date of last seizure \_\_\_\_\_

Motor Impairment:  None  Power chair  Gait trainer  Walker/Crutches  Wheelchair

I **DO NOT** consent to my name to appear on ANY Website Roster or Results pages.

I **DO NOT** consent to be photographed.

**Reminder: To participate in the Games, the Waiver (see attached) must be signed by a parent/guardian and participant if over the age of 18 or a parent/guardian of participant under the age of 18. All MEDICAL/EMERGENCY INFORMATION MUST BE COMPLETED.**

**Deadline for entries: April 1, 2025**

**Return this form by April 1, 2025: By Fax: (888) 863-7491 OR Email to: [victorychallenge@nassaucountyny.gov](mailto:victorychallenge@nassaucountyny.gov)**

Nassau County Games for the Physically Challenged, Nassau County Department of Parks, Recreation & Museums,  
Administration Building, Eisenhower Park, East Meadow, NY 11554  
516-903-1139

Website: [www.nassaucountypcgames.com](http://www.nassaucountypcgames.com)