



NASSAU COUNTY
GAMES
 FOR THE
PHYSICALLY CHALLENGED

BRUCE A. BLAKEMAN
 COUNTY EXECUTIVE

Please keep a copy of this form for your records

PLEASE PRINT

Athlete First Name

[illegible][illegible]

Zip Code

[illegible]

(PLEASE PRINT)

Other Emergency Phone Number

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[illegible]

Area Code

[illegible]

Area Code

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.

Deadline for entries: April 1, 2026

Return this form by April 1, 2026: By Fax: (888) 863-7491 OR Email to: 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