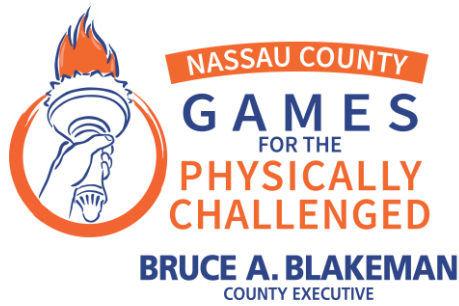


COME JOIN THE FUN!
Mitchel Athletic Complex &
Nassau Community College
May 29 – 30, 2026



PROUDLY CELEBRATING
"40 YEARS"
Of ABILITY

Swimming Officials Application Form

** RETURN DATE**
April 1, 2026

Please Print

Name (Last) _____ (First) _____

Street _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell (_____) _____ Birthdate ____/____/____

Email : _____

Shirt size (circle one) S M L XL XXL XXXL

Competition:

Friday:
May 29, 2026 ____ Swimming Official (5 pm - 10 pm) Nassau Community College

____ I am unable to volunteer for the 2026 Games but please keep me on the mailing list.

____ I am no longer able to volunteer, please remove me from the mailing list.

Dinner will be available for Swimming Officials beginning at 4:00pm at the Nassau Community College Food Court. Please check below if you would like to receive a meal ticket voucher.

____ I would like to receive a meal ticket for dinner prior to the Swimming Competition.

Please complete all information and sign/date the waiver form

Return **BOTH PAGES** of the completed form by **April 1st, 2026** 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

For more information visit our website at: www.nassaucountypcgames.com

Swimming Official

Name(print): _____ Birthdate _____

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 NCESGPC) 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: _____

Volunteer Insurance Information

Volunteers *approved* by Nassau County will be provided protection under Workers Compensation should they be injured while performing those duties as a volunteer. The protection provided shall be subject to all terms and conditions as established by law. In the event of an accident, or notice of legal 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 2026 Nassau County 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 County of Nassau, the owner of the site of competition I am volunteering at, and 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 2026 Nassau County 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 2026 Nassau County Empire State Games for the Physically Challenged programs in any manner incidental to my participation in the 2026 Nassau County 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, I will not, by reason hereof, make any claim, demand, or application for any right or privilege applicable to an officer or employee of Nassau County, other than what is specifically provided for, including but not limited to unemployment insurance benefits, social security coverage, or employee retirement membership or credit.

I have received and hereby agree that I will cooperate and abide by code of conduct as stated in the 2026 Nassau County Empire State Games for the Physically Challenged Handbook and all rules and regulations as may be requested by Nassau County, 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 and DATE)

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 2026 Nassau 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 both pages of the completed form by **April 1, 2026** to:
By Fax: (888) 863-7491 or Email: victorychallenge@nassaucountyny.gov
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