

May 31- June 2, 2018
 Mitchel Athletic Complex &
 Nassau Community College



_____ School Code

Website: www.nassaucountypcgames.com
 Email: victorychallenge@nassaucountyny.gov

Athlete Medical Information & Waiver

PLEASE PRINT

Athlete Last Name	Athlete First Name

Street Address

City	State	Zip Code

Person to contact in case of Emergency _____
 (PLEASE PRINT)

Relationship to Athlete	Emergency Daytime Phone Number	Other Emergency Phone Number
Area Code	Area Code	

Athlete Medical Information - please check the appropriate boxes

Allergies NO YES (Specify _____)

Asthma NO YES

Athletic limitations: NO YES (Specify _____)

Heart/blood pressure problems: NO YES

Seizure type _____ controlled. Date of last seizure _____

Motor Impairment: Power chair Gait trainer Walker or 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 the participant if over the age of 18 or a parent or guardian of participant under age of 18. Medical/Emergency information must be completed.

Return this form by April 15, 2018 to: Games for the Physically Challenged
 Nassau County Department of Parks, Recreation & Museums, Administration Building, Eisenhower Park, East Meadow, NY 11554
 Phone: (516) 903-1139 Fax: (888) 863-7491 Email: victorychallenge@nassaucountyny.gov

Deadline for entries: April 15, 2018