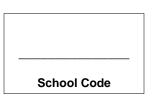
May 30- June 1, 2019 Mitchel Athletic Complex & Nassau Community College





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
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 <u>DO NOT</u> 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, 2019 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, 2019