



A NATIONAL PROGRAM OF BRAILLE INSTITUTE

# OHIO REGIONAL BRAILLE CHALLENGE

Cincinnati – March 1, 2019 | Snow Date: March 8

Sponsored by Clovernook Center for the Blind and Visually Impaired

## 2019 PERMISSION FORM

Must be signed by parental/legal guardian and returned by February 4, 2019 to Clovernook Center, 7000 Hamilton Ave, Cincinnati, OH 45231, Attn: Kathy DeLaura. Only contests submitted with a signed permission form attached will be eligible for the Braille Challenge® Finals at Braille Institute®.

Please print legal name clearly and fill out completely

\* Required fields

\* Last Name \_\_\_\_\_ \* First Name \_\_\_\_\_

\* Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

\* City \_\_\_\_\_ \* State \_\_\_\_\_ \* ZIP \_\_\_\_\_

\* Birthdate \_\_\_\_\_ \* Age \_\_\_\_\_ \* Grade \_\_\_\_\_ \* Gender  Male  Female  Decline to Answer

\* E-mail \_\_\_\_\_ \* Telephone \_\_\_\_\_

Adult attending with student \_\_\_\_\_  TVI  Parent  Para

T-Shirt Size **Youth:**  X-Small  Small  Medium  Large

**Adult:**  Small  Medium  Large  XL  XXL  XXXL

### TO BE COMPLETED BY TEACHER OF THE VISUALLY IMPAIRED (Please fill out completely)

Name of Teacher of the Visually Impaired \_\_\_\_\_

Teacher's Email \_\_\_\_\_ Teacher's Phone \_\_\_\_\_

Regional Coordinator Name (if applicable) \_\_\_\_\_

Special Accommodations Required by Student  Noise-cancelling headphones  Separate testing area  Other, please specify \_\_\_\_\_

Mark one. Note: all contests are in UEB format only.

Student Contest Level:  Braille Explorers  App  Fresh  Soph  JV  Varsity  
(NOT Grade in School) Local Category (4yo-K) Grades 1-2 Grades 3-4 Grades 5-6 Grades 7-9 Grades 10-12

At Grade Level **Or**  Below Grade Level (BGL) \*(If Apprentice BGL  Contracted **or**  Uncontracted)

\*Students who take a contest below their academic grade level in school or who take the uncontracted Apprentice contest are not eligible to attend the Finals.

### CONTENT RELEASE

I hereby give permission to Clovernook Center for the Blind and Visually Impaired and Braille Institute of America, Inc. ("BIA"), for my child to participate in The Braille Challenge preliminary contest. I understand that if my child qualifies, he or she is eligible to attend The Braille Challenge final contest in Los Angeles on June 22, 2019.

### PHOTOGRAPHIC RELEASE

I hereby authorize Clovernook Center for the Blind and Visually Impaired and BIA to photograph, videotape, or otherwise record by visual, audio, electronic or manual means, the visual likeness and/or voice or other sounds created by the above named contestant (collectively "Reproductions"). Clovernook Center for the Blind and Visually Impaired and BIA may use or permit to be used the Reproductions in any CD, DVD, exhibition, display, publication, solicitation or promotional or educational material or on any website including without limitation BIA's website, Facebook, or YouTube without compensation to the contestant, the contestant's heirs, successors or assigns.

Parent's Print Name \_\_\_\_\_ Signature \_\_\_\_\_