

OHIO REGIONAL BRAILLE CHALLENGE

Cincinnati - February 27, 2020 | Snow Date: Mar 5

Sponsored by Clovernook Center for the Blind & Visually Impaired

2020 PERMISSION FORM

Must be signed by parental/legal guardian and returned by February 15, 2020 to Clovernook Center, 7000 Hamilton Ave, Cincinnati, OH 45231, Attn: Kathy DeLaura or by fax to (513) 728-3946. 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 _____

Have you ever used a refreshable braille display? Yes No

Do you have regular access to a refreshable braille display or braille notetaker? Yes No

If yes, what is the name of the device you use? _____

Have you ever paired a refreshable braille display or notetaker to an iPad, iPhone, or Android device? Yes No

Student's T-Shirt Youth: X-Small Small Medium Large

Size Adult: Small Medium Large XL XXL XXXL

Adult attending with student _____ TVI Parent Para

► CONTINUED ON NEXT PAGE ◀

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: App Grades 1-2 Fresh Grades 3-4 Soph Grades 5-6 JV Grades 7-9 Varsity Grades 10-12
(NOT Grade in School)

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 27, 2020.

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 Clovernook Center for the Blind and Visually Impaired and BIA's website or social media channels without compensation to the contestant, the contestant's heirs, successors or assigns.

Parent's Print Name _____ Signature _____

Download the iBraille Challenge App from the App store today!

① Practice braille skills ⇨ ② Receive feedback ⇨ ③ Monitor your progress