



Transportation Registration Form Ohio Regional Braille Challenge 2020

Participant/Parent/Legal Guardian Information, please print

Participant Name: _____		
Parent or Legal Guardian Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone#: _____	Cell phone#: _____	

Transportation Choice: (please check one)

None Round Trip One Way AM One Way PM

The following address is where I want my child picked up and/or dropped off:

(Please note: Address must be the same each way, please print)

Address: _____		
City: _____	State: _____	Zip Code: _____

The following is the name(s) of the adult or responsible teenager who will be home when my child is picked up or dropped off, please print:

Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____

Please initial all the following statements:

_____ I hereby give consent for Clovernook Center for the Blind and Visually Impaired to transport my child/children to and from Clovernook Center for the Blind and Visually Impaired.

_____ I understand that if the person listed above is not home to meet the child, they will be brought back to The Clovernook Center for the Blind and Visually Impaired, unless there was notification of a change of contact. I will then be responsible to pick them up from Clovernook.

_____ I agree to insure that my child uses the restroom just prior to being picked up each morning.

_____ If my child is not riding the van the day of the event, or will be out due to sickness, I will call _____ as soon as possible to cancel pick up.

Signature of Person Completing the Form

Date