



OHIO REGIONAL BRAILLE CHALLENGE

Hosted by: Clovernook Center for the Blind & Visually Impaired
Where: 7000 Hamilton Ave. Cincinnati, OH 45231
When: February 24, 2022
Snow Date: March 3, 2022



2022 Permission Form

Must be signed by parental/legal guardian and returned by February 15, 2022 to Kathy DeLaura, 7000 Hamilton Ave. Cincinnati, OH 45231 or by fax to (513) 728-3946. For any questions, contact Kathy DeLaura at kathy@pinchange.com or (513) 702-4878. 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 (if applicable) _____ 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) _____

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

Explorer

Student Contest Level:
(NOT Grade in School)

App
Grades 1-2

Fresh
Grades 3-4

Soph
Grades 5-6

JV
Grades 7-9

Varsity
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.

Special Accommodations Required by Student:

Noise-cancelling headphones

Separate testing area

Other, please specify.

Remember to Keep Calm and Braille On!

PERMISSION STATEMENT AND LIABILITY/PHOTOGRAPHIC RELEASE

I hereby give permission for my child to participate in all Braille Challenge events including the regional preliminary contest and, if eligible, the final contest and awards ceremony in Los Angeles, CA. In consideration of Braille Institute permitting my child to participate in Braille Challenge events, I, on behalf of myself, my child, our heirs, successors or assigns, hereby waive and release, and agree to indemnify and hold harmless, Braille Institute of America, Inc., its employees, officers, directors, volunteers and agents, including regional coordinators (collectively "BIA Parties") from, any and all claims, including claims of negligence, resulting in any physical or psychological injury, illness, damages, or economic or emotional loss, arising from or related to my child's participation in any Braille Challenge event.

I authorize BIA Parties to photograph, videotape, or otherwise record by visual, audio, electronic or manual means, the visual likeness and/or voice or other sounds created by my child (collectively "Reproductions"). BIA Parties may use or permit to be used in furtherance of Braille Institute's mission the Reproductions in any CD, DVD, exhibition, display, publication, solicitation or promotional or educational material or on any website, including without limitation Braille Institute's website or social media channels, without compensation to my child, my child's heirs, successors or assigns.

COVID-19: I understand that my child's participation in person in any Braille Challenge event may be conditioned upon my child's compliance with certain safety precautions, including without limitation the satisfactory completion of a health questionnaire, the wearing of a face covering and maintenance of specified social distancing.

Child's Name _____

Parent/Guardian Signature _____

Parent/Guardian Print Name _____

Date _____

Remember to Keep Calm and Braille On!