Additional Registration Information needed for Missouri School for the Blind Braille Challenge Participation

Participant's Name: _____

Photo / Video / News Print / Television / Radio – I hereby authorize MSB, with the approval of school officials to allow the use of pictures and/or voice reproductions of my child and/or the publications of any child's work and his/her name, and birthday for the purpose of educational information, public relations, school year book, school publicity and other beneficial endeavors, as long as such usage is not for the financial or personal benefit to any individual and/or groups or private company.

Yes **No**

Parent Signature:

_____

Special Dietary Needs:

_____

_____

T-shirt Size (please circle one):

YOUTH: S M L XL **ADULT:** S M L XL XXL

Additional Persons Attending with Participant:

_____

_____