

## BRAILLE CHALLENGE 2018

## **PERMISSION FORM**

**Must be signed by parental/legal guardian** and returned to the **Teacher of the Visually Impaired** or **Regional Coordinator**. 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 ou	it completely				*Req	uired fields
* Last Name		*	First Name			
* Address					Apt. No	
<b>*</b> City			<b>*</b> State	* ZIF	)	
* Birthdate	* Age	* Grade	* Telephone			
* E-mail			Alternate phone _			
Adult attending with student				_ □ TVI	☐ Parent	☐ Para
TO BE COMPLETED BY TEACHER  Name of Teacher of the Visually Impaired		•	•	•		
	Teacher's Phone					
Regional Coordinator Name (if applicable)						
Mark one. Note: all contests are in <b>UEB</b> fo	rmat only.					
Student Contest Level: (NOT Grade in School)	FF		☐ Soph Grades 5—6	☐ JV Grades 7–9		
☐ At Grade Level Or ☐ Below *Students who take a contest below their acade	V Grade Level (BGL) mic grade level in school		rentice BGL			
☐ I hereby give permission to Braille Institutif my child qualifies, he or she is eligible to ☐ I hereby authorize BIA to photograph, vid created by the above named contestant (or publication, solicitation or promotional or compensation to the contestant, the contestant,	o attend The Braille Ch eotape, or otherwise ro collectively "Reproduct educational material o	PHOTOGRAPH ecord by visual, audicions"). BIA may use or on any website inc	oarticipate in The Braille ( t in Los Angeles on June ( IIC RELEASE o, electronic or manual n or permit to be used the	neans, the visual likene Reproductions in any G	ess and/or voice or other CD, DVD, exhibition, disp	r sounds olay,
Parent's Print Name			Signature			