



A NATIONAL PROGRAM OF BRAILLE INSTITUTE

VISION FORWARD ASSOCIATION REGIONAL BRAILLE CHALLENGE

Milwaukee – January 20, 2017

Sponsored by Vision Forward Association in collaboration with ABL – Audio & Braille Literacy Enhancement

2017 PERMISSION FORM

Must be signed by parental/legal guardian and returned by November 18, 2016 to Vision Forward, 912 N Hawley Rd, Milwaukee, WI 53213, Attn: Jaclyn Borchardt. 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 _____ * Telephone _____
* E-mail _____ Alternate phone _____
Adult attending with student _____ TVI Parent Para

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:
Student Contest Level: App Grades 1-2 Fresh Grades 3-4 Soph EBAE Grades 5-6 Soph UEB 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.

CONTENT RELEASE

I hereby give permission to Vision Forward Association, ABL 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 17, 2017.

PHOTOGRAPHIC RELEASE

I hereby authorize Vision Forward Association, ABL 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"). Vision Forward Association, ABL 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 BIA's website, Facebook, or YouTube without compensation to the contestant, the contestant's heirs, successors or assigns.

Parent's Print Name _____ Signature _____