

# 21<sup>st</sup> Annual Braille Games Registration Form

Collaboration between ABLE, Wisconsin Talking Book and Braille Library,  
Milwaukee Public Museum and Vision Forward Association

**Thursday, May 11, 2023 • 9:00 am to 1:00 pm**

Registration: 9:00 am • Program: 9:30 am – 1:00 pm

Milwaukee Public Museum • 800 West Wells St • Milwaukee, WI 53233

No charge to attend. Lunch will be provided at no cost.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

TVI/O&M Specialist: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Please check if student's TVI/O&M will be attending the event.

Other adult attending.

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**Please return this form, along with a signed photo/video release,  
by April 24, 2023.**

**Mail:** Emily Zajork, Vision Forward Association  
912 North Hawley Road | Milwaukee, WI 53213

**Phone:** 414-615-0179

**Fax:** 414-238-2261

**E-mail:** [ezajork@vision-forward.org](mailto:ezajork@vision-forward.org)

# Braille Games

May 11, 2023

## PHOTO / VIDEO RELEASE

Date: \_\_\_\_\_

I grant permission to use photographs and video taken of me or my minor child at the Braille Games. Permission covers print or online materials designed solely for news, marketing, information, or educational purposes related to Vision Forward Association, Audio & Braille Literacy Enhancement (ABLE) Milwaukee Public Museum, Wisconsin Talking Book and Braille Library, and NASA. I release all claims against Vision Forward Association, Audio & Braille Literacy Enhancement (ABLE) Milwaukee Public Museum, Wisconsin Talking Book and Braille Library, and NASA with respect to copyright ownership and publication including any claim for compensation related to the use of the material.

**Participant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Signature (if 18 or over):** \_\_\_\_\_

Parent or Guardian Signature is required for participants under 18.

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_