



A NATIONAL PROGRAM
OF BRAILLE INSTITUTE

ARIZONA REGIONAL BRAILLE CHALLENGE

Tucson — February 29, 2016

**Sponsored by Arizona State Schools for the Deaf and Blind
and The Abilities Optimist Club**

2016 PERMISSION FORM

Must be signed by parental/legal guardian and returned by **February 15, 2016** to Ramona St. Cyr, ASDB, 1200 West Speedway Blvd, Tucson, AZ 85754. 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

T-Shirt Size **Youth:** ☐ X-Small ☐ Small ☐ Medium ☐ Large
Adult: ☐ Small ☐ Medium ☐ Large ☐ XL ☐ XXL ☐ XXXL

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:
(NOT Grade in School)

☐ App
Grades 1–2

☐ Fresh EBAE
Grades 3–4

☐ Fresh UEB

☐ 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.

CONTENT RELEASE

☐ I hereby give permission to Arizona State Schools for the Deaf and Blind ("ASDB"), The Abilities Optimist Club, 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 18, 2016.

PHOTOGRAPHIC RELEASE

☐ I hereby authorize ASDB, The Abilities Optimist Club, 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"). ASDB, The Abilities Optimist Club, 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 _____