

2024 INDIANA REGIONAL BRAILLE CHALLENGE

Hosted by: Indiana School for the Blind and Visually Impaired

When: January 27, 2024

PERMISSION FORM

Must be signed by parent/legal guardian and returned by December 22, 2023, to the Indiana School for the Blind and Visually Impaired: 7725 North College Ave., Indianapolis, IN 46240, attn: Cara Burchett or by email to cburchett@isbviki2.org. Only contests submitted with a signed permission form attached will be eligible for Braille Challenge Finals.

Please print legal name clearly and fill out completely

* Required fields

* Last Name _____ * First Name _____

* Address _____ Apt. No. _____

* City _____ * State _____ * ZIP _____

* Birthdate _____ * Age _____ * Grade _____ * Gender ☐ Male ☐ Female ☐ Decline to Answer

* E-mail _____ * Telephone _____

Have you ever used a refreshable braille display? ☐ Yes ☐ No

Do you have regular access to a refreshable braille display or braille notetaker? ☐ Yes ☐ No

If yes, what is the name of the device you use? _____

Have you ever paired a refreshable braille display or notetaker to an iPad, iPhone, or Android device? ☐ Yes ☐ No

Student's T-Shirt Youth: ☐ X-Small ☐ Small ☐ Medium ☐ Large

Size Adult: ☐ Small ☐ Medium ☐ Large ☐ XL ☐ XXL ☐ XXXL

Adult attending with student _____ ☐ TVI ☐ Parent ☐ Para

► CONTINUED ON NEXT PAGE ◀

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. Note: all contests are in UEB format only.

Student Contest Level: ☐ App ☐ Fresh ☐ Soph ☐ JV ☐ Varsity -
(NOT Grade in School) Grades 1-2 Grades 3-4 Grades 5-6 Grades 7-9 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 Braille Institute of America, Inc. ("BIA"), for my child to participate in Braille Challenge preliminary contest. I understand that if my child qualifies, he or she is eligible to attend Braille Challenge Finals in Los Angeles in June.

PHOTOGRAPHIC RELEASE

☐ I hereby authorize 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"). 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 or social media channels without compensation to the contestant, the contestant's heirs, successors or assigns.

Parent's Print Name _____ Signature _____

Braille Onward!