



A NATIONAL PROGRAM
OF BRAILLE INSTITUTE

WESTERN NEW YORK BRAILLE CHALLENGE

Sponsored by New York State School for the Blind

2012 PERMISSION FORM

MUST BE SIGNED BY PARENT/LEGAL GUARDIAN AND BE RETURNED TO MICHELLE CAMPBELL, REGIONAL COORDINATOR, ATTN: NEW YORK STATE SCHOOL FOR THE BLIND, 2A RICHMOND AVENUE, BATAVIA, NY 14020, OR FAX TO (585) 344-7026, BY DECEMBER 1, 2011. ONLY CONTESTS SUBMITTED WITH A SIGNED PERMISSION FORM ATTACHED WILL BE ELIGIBLE FOR THE BRAILLE CHALLENGE® FINALS AT BRAILLE INSTITUTE®.

(Please print name clearly, as you would like it to appear on your certificate)

Last Name _____ First Name _____

Address _____ Apt. No. _____

City _____ State _____ ZIP _____

Birthdate _____ Age _____ Grade _____ Telephone (____) _____

E-mail _____ Alternate phone (____) _____

Student's T-shirt Size: Adult or Child / Small Medium Large XL

CONTEST RELEASE

I hereby give permission to New York State School for the Blind 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 23, 2012.

PHOTOGRAPHIC RELEASE

I hereby authorize New York State School for the Blind 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"). New York State School for the Blind 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 Signature _____

Print Name _____

TO BE COMPLETED BY TEACHER OF THE VISUALLY IMPAIRED

Name of Teacher for Visually Impaired _____

Teacher's Email _____ Teacher's Phone _____

Mark one:

Student Contest Level App Fresh Soph JV Va

Mark one: At Grade Level **Or** Below Grade Level (BGL) (If Apprentice BGL Contracted or Uncontracted)