



A NATIONAL PROGRAM  
OF BRAILLE INSTITUTE

# NEW YORK-UPSTATE REGIONAL BRAILLE CHALLENGE

**Batavia – January 28, 2017**

**Snow Date: February 18**

**Sponsored by New York State School for the Blind**

## 2017 PERMISSION FORM

**Must be signed by parental/legal guardian** and returned by **January 6, 2017** to NYS School for the Blind, 2A Richmond Ave, Batavia, NY 14020, Attn: Christopher Wolske. 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 \_\_\_XL \_\_\_XXL \_\_\_XXXL  
Adult \_\_\_x-small \_\_\_small \_\_\_medium \_\_\_large

### 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  
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 New York State School for the Blind ("NYSSB") 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 NYSSB 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"). NYSSB 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 \_\_\_\_\_