THE CENTRAL FLORIDA BRAILLE CHALLENGE
Co-hosted by FIMC-VI, Tampa Lighthouse for the Blind, Lions Eye Institute Foundation, FSU, Broward Schools and Lighthouse of Broward

2010 PERMISSION FORM

MUST BE SIGNED BY PARENT/LEGAL GUARDIAN AND BE RETURNED TO SUE GLASER, FIMC-VI, AT 4210 W. BAY VILLA AVE., TAMPA, FL 33611, BY DECEMBER 4, 2009. 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 (____)_____

Name of Teacher for Visually Impaired _____

Teacher's Email _____ Teacher's Phone _____

T-shirt sizes:
☐ Youth Small ☐ Youth Medium ☐ Adult Small
☐ Adult Medium ☐ Adult Large ☐ Adult XL

CONTEST RELEASE

☐ I hereby give permission to FIMC-VI, Tampa Lighthouse for the Blind, Lions Eye Institute Foundation, FSU, Broward Schools, Lighthouse of Broward and Braille Institute 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 26, 2010.

PHOTOGRAPHIC RELEASE

☐ I hereby authorize and give full consent to Braille Institute of America, Inc., FIMC-VI, Tampa Lighthouse for the Blind, Lions Eye Institute Foundation, FSU, Broward Schools and Lighthouse of Broward to copyright, publish and display in any fashion all photographs and electronic recordings authorized by FIMC-VI, Tampa Lighthouse for the Blind, Lions Eye Institute Foundation, FSU, Broward Schools and Lighthouse of Broward in which the above named contestant appears. It is further agreed that FIMC-VI, Tampa Lighthouse for the Blind, Lions Eye Institute Foundation, FSU, Broward Schools, Lighthouse of Broward and Braille Institute may use or permit to be used the contestant's photographs for or in any and all exhibitions, public displays, publications, commercial art and advertising purposes.

Parent's Signature _____

Print Name _____

TO BE COMPLETED BY AGENCY REGIONAL COORDINATOR

Regional Coordinator Name _____

Mark one:
Student Contest Level ☐ Pre-Braille ☐ App ☐ Fresh ☐ Soph ☐ JV ☐ Va

Mark one: ☐ At Grade Level **Or** ☐ Below Grade Level   Mark one: ☐ Contracted **Or** ☐ Uncontracted

1-800-BRAILLE (272-4553) • **www.braillechallenge.org**