



A NATIONAL PROGRAM
OF BRAILLE INSTITUTE

WASHINGTON COUNCIL OF THE BLIND REGIONAL BRAILLE CHALLENGE

Seattle – February 18, 2017

Sponsored by Washington Council of the Blind and
Washington Talking Book & Braille Library

Must be signed by parental/legal guardian and returned by January 20, 2017 to WA Talking Book & Braille Library, 2021 9th Ave., Seattle, WA 98121, Attn: Marian Mays.

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 _____ * Phone _____

* 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 TVI: _____ *Teacher's Email: _____

*Teacher's Phone _____

*Regional Coordinator Name (if applicable) _____

*Please mark one contest level selection below.

Student Contest Level:	<input type="radio"/> App (Grades 1–2)	<input type="radio"/> Fresh (Grades 3–4)	<input type="radio"/> Soph EBAE (Grades 5–6)
*(NOT Grade in School)	<input type="radio"/> Soph UEB (Grades 5–6)	<input type="radio"/> JV (Grades 7–9)	<input type="radio"/> Varsity (Grades 10–12)

*Please mark one selection: At Grade Level Below Grade Level

*If Apprentice level, please mark one selection: Contracted Uncontracted

*Students who take the test below their academic grade level in school or who take the uncontracted Apprentice are not eligible to attend the Finals.

CONTENT RELEASE

I hereby give permission to Washington Council of the Blind (“WCB”), Washington Talking Book & Braille Library (“WTBBL”) 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 WCB, WTBBL 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”). WCB, WTBBL 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 _____