

# CENTRAL ILLINOIS REGIONAL BRAILLE CHALLENGE

Hosted by: Illinois School for the Visually Impaired  
When: February 14, 2024

## 2024 PERMISSION FORM

Must be signed by parental/legal guardian and returned by January 5, 2024 to Illinois School for the Visually Impaired: 658 East State Street Jacksonville, Illinois 62650, Attn: Sara Roy by email to Sara.Roy@illinois.gov. 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 Grades 1-2     Fresh Grades 3-4     Soph Grades 5-6     JV Grades 7-9     Varsity - Grades 10-12 -  
**(NOT Grade in School)**

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!**