# NEW ENGLAND REGIONAL BRAILLE CHALLENGE

**Newton – February 1, 2020 | Snow Date: Feb 8**

Sponsored by The Carroll Center for the Blind

## 2020 PERMISSION FORM

Must be signed by parental/legal guardian and returned by **January 4, 2020** to The Carroll Center for the Blind, 770 Centre St, Newton, MA 02458, Attn: Nancy Sharon or by fax to (617) 969-6204. 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

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**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 ☐ Fresh ☐ Soph ☐ JV ☐ Varsity
(NOT Grade in School) Grades 1–2 Grades 3–4 Grades 5–6 Grades 7–9 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 The Carroll Center 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 27, 2020.

PHOTOMICGIC RELEASE

☐ I hereby authorize The Carroll Center 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”). The Carroll Center 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 The Carroll Center for the Blind and BIA’s website or social media channels without compensation to the contestant, the contestant’s heirs, successors or assigns.

Parent’s Print Name ___________________________ Signature __________________________________

Download the iBraille Challenge App from the App store today!

1. Practice braille skills  ➤  2. Receive feedback  ➤  3. Monitor your progress