



A NATIONAL PROGRAM
OF BRAILLE INSTITUTE

NORTH FLORIDA BRAILLE CHALLENGE

(Tallahassee, January 20, 2012)

Co-hosted by FIMC-VI/FAER/
FSU Program in Visual Disabilities

2012 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, OR FAX TO (813) 837-7979, BY DECEMBER 2, 2011. 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 (____) _____

T-shirt Sizes: Youth Small Youth Medium Adult Small Adult Medium
 Adult Large Adult XL Adult XXL Adult XXXL

CONTEST RELEASE

I hereby give permission to FIMC-VI/FAER/FSU Program in Visual Disabilities 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 23, 2012.

PHOTOGRAPHIC RELEASE

I hereby authorize FIMC-VI/FAER/FSU Program in Visual Disabilities 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"). FIMC-VI/FAER/FSU Program in Visual Disabilities 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 Signature _____
Print Name _____

Regional Coordinator Name Sue Glaser, FloridaBrailleChallenge@gmail.com

Name of Teacher for Visually Impaired _____

Teacher's Email _____ Teacher's Phone _____

Mark one:

Student Contest Level App Fresh Soph JV Va

Mark one: At Grade Level **Or** Below Grade Level (If Apprentice Contracted or Uncontracted*)

*The uncontracted version of the contest is not eligible for The Braille Challenge Finals.

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