

# BRITISH COLUMBIA REGIONAL BRAILLE CHALLENGE

Where: Provincial Resource Centre for the Visually Impaired  
Testing Window: February 1 - 12, 2020

## 2021 PERMISSION FORM

Must be signed by parent/guardian and returned by **December 18, 2020** to PRCVI, 106-1750 West 75th Avenue, Vancouver, BC, Canada V6P 6G2. Attn: Adam Wilton by fax to (604) 261-0778 or by email to awilton@prcvi.org. 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 \_\_\_\_\_ \* 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

**Please note:** We are following a virtual format this year. Students will write one-on-one with their TSVI and materials will be returned to PRCVI for scoring. The closing ceremonies will be held on Zoom on February 26, 2021.

Student's T-Shirt Youth: X-Small Small Medium Large  
Size Adult: Small  Medium  Large  XL  XXL  XXXL

▶ CONTINUED ON NEXT PAGE ◀

**TO BE COMPLETED BY TEACHER OF THE VISUALLY IMPAIRED** (Please fill out completely)

Please note: All contests **must** be proctored by the Teacher of the Visually Impaired. Please visit the **BC Regional Braille Challenge page** for more information.

Name of Teacher of the Visually Impaired \_\_\_\_\_

Teacher's Email \_\_\_\_\_ Teacher's Phone \_\_\_\_\_

Regional Coordinator Name (if applicable) Adam Wilton

**Mark one. Note: all contests are in UEB format only.**

Student Contest Level:  Foundational  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.

Remember to Keep Calm and Braille On!

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## PERMISSION STATEMENT AND LIABILITY/PHOTOGRAPHIC RELEASE

I hereby give permission for my child to participate in all Braille Challenge events including the regional preliminary contest and, if eligible, the final contest and awards ceremony in Los Angeles, CA. In consideration of Braille Institute permitting my child to participate in Braille Challenge events, I, on behalf of myself, my child, our heirs, successors or assigns, hereby waive and release, and agree to indemnify and hold harmless, Braille Institute of America, Inc., its employees, officers, directors, volunteers and agents, including regional coordinators and PRCVI (collectively "BIA Parties") from, any and all claims, including claims of negligence, resulting in any physical or psychological injury, illness, damages, or economic or emotional loss, arising from or related to my child's participation in any Braille Challenge event.

I authorize BIA Parties to photograph, videotape, or otherwise record by visual, audio, electronic or manual means, the visual likeness and/or voice or other sounds created by my child (collectively "Reproductions"). BIA Parties may use or permit to be used in furtherance of Braille Institute's mission the Reproductions in any CD, DVD, exhibition, display, publication, solicitation or promotional or educational material or on any website, including without limitation Braille Institute's website or social media channels, without compensation to my child, my child's heirs, successors or assigns.

COVID-19: I understand that my child's participation in person in any Braille Challenge event may be conditioned upon my child's compliance with certain safety precautions, including without limitation the satisfactory completion of a health questionnaire, the wearing of a face covering and maintenance of specified social distancing.

Child's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

*Typing your name in this field will be accepted as your signature.*

Parent/Guardian Print Name \_\_\_\_\_

Date \_\_\_\_\_

**Remember to Keep Calm and Braille On!**