



# DENVER METRO REGIONAL BRAILLE CHALLENGE

Hosted by: CSDB Outreach Department  
Remote Testing Window: February 1 - 28, 2022

## 2022 PERMISSION FORM

Must be signed by parent/guardian and returned by January 17, 2022 to CIMC Outreach Department: 1015 E. High Street, Colorado Springs, CO 80903. Attn: Debbie Haberkorn by fax to (719) 578-2239 or email to dhaberkorn@csdb.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:** When downloading this form from our website, please save it to your computer first before filling out the information.

Reminder: Denver Metro Braille Challenge is remote this year. TVIs will proctor for their students. The Rookie category includes activities to celebrate braille. Competition level students may also register for the Rookie group to participate in fun activities.

If you have any questions, please contact Debbie Haberkorn email: dhaberkorn@csdb.org or phone: 719-578-2197.

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### Remote Proctor Information

Name of Proctor \_\_\_\_\_

Proctor's Email \_\_\_\_\_

Proctor's Phone \_\_\_\_\_

Proctor Mailing Address (for testing materials):  
 \_\_\_\_\_  
 \_\_\_\_\_

Materials sent in:  
 Print  
 Braille

### 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)

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

Rookie

Student Contest Level:  
**(NOT Grade in School)**

App  
 Grades 1-2

Fresh  
 Grades 3-4

Soph  
 Grades 5-6

JV  
 Grades 7-9

Varsity  
 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 (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!**