

APH Abacus Bee Registration Packet

Must be signed by parental/legal guardian and returned to the teacher of the visually impaired or the regional coordinator. Only contests submitted with a signed permission form attached will be eligible for the APH Abacus Bee Final at APH in Louisville, Kentucky. *Required fields.

*Student Full Name: _____

*Parent/Guardian Name: _____

*Parent/Guardian Mobile Number: _____ *Email: _____

*Address:

Street _____

City _____ State _____ Zip Code _____

*Student Date of Birth: _____

*Grade: _____ *Gender: _____

Student's T-shirt size:

Youth: X-Small Small Medium Large

Adult: Small Medium Large XL XXL XXXL

Name of Adult attending with student: _____ Family TVI Para

To be completed by teacher of the visually impaired.

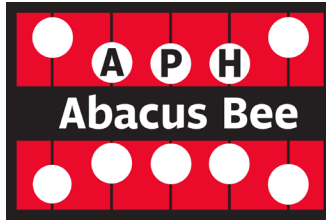
Name of teacher of the visually impaired: _____ TVI Email: _____

Student Primary spoken language: _____

Primary reading medium: Large Print Contracted Braille Uncontracted Braille

Math medium: Large Print UEB Nemeth in UEB context

Abacus Bee Level: **Rover** (Non-Competitive Group; Not eligible for Finals) **Starter**
(based on pretest) **Mover** **Rider** **Flyer** **Blaster**



Permission Statement and Liability/Photographic Release

I hereby give permission for my child to participate in all APH Abacus Bee events including the regional preliminary contest and, if eligible, the APH Abacus Bee final contest in Louisville, Kentucky Spring 2025. I understand if my child qualifies, he or she is eligible to attend, and my family may receive a travel voucher from APH to offset the travel costs. In consideration of the American Printing House for the Blind permitting my child to participate in APH Abacus Bee events, I, on behalf of myself, my child, our heirs, successors or assigns, hereby waive and release, and agree to indemnify and hold harmless the American Printing House for the Blind (APH), its employees, officers, directors, volunteers and agents, including regional coordinators, regional hosting agency and sponsors (collective "APH Parties") from any and all claims, including claims of negligence, resulting in physical or psychological injury, illness, damages, or economic or emotional loss, arising from or related to my child's participation in any APH Abacus Bee event.

I authorize APH 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 the named contestant (collectively "Reproductions"). APH Parties 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 APH's website or social media channels without compensation to the contestant, the contestant's heirs, successors, or assigns. in the APH Abacus Bee.

Child Name: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____