



# Edith Bishel Center

FOR THE BLIND  
AND VISUALLY IMPAIRED

## Registration Form

Pre-Employment Transition Services

*Basic Cleaning Skills Lesson*

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Student's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact and phone number: \_\_\_\_\_

Current grade: \_\_\_\_\_

Race/ethnicity: \_\_\_\_\_

Is the participant on an IEP or 504? \_\_\_\_\_

By signing below, I give permission for \_\_\_\_\_ to participate in this DSB & EBC sponsored Pre-Employment workshop for youth.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CONSENT FOR USE OF INFORMATION AND PERSONAL IMAGE

I, \_\_\_\_\_ hereby grant to Department of Services for the Blind (DSB) and the Edith Bishel Center for the Blind and Visually Impaired (EBC) the right to publish, broadcast, webcast, or disseminate in any other form or medium any or all of the following:

- Stories and/or information about myself (or the minor of whom I am legal guardian) for use in news stories, publications, promotional materials, web features, and/or any other agency purposes.
- Photographs, video, audio, and other images or likenesses of myself (or the minor of whom I am legal guardian) for use in news stories, publications, promotional materials, web features and/or any other agency purposes. All photographs, video, audio, images, likenesses, stories, and other materials will remain the property of DSB and EBC.

I have read and understood this agreement and I am over the age of 18. This agreement expresses the complete understanding of the parties.

Signature \_\_\_\_\_ Date

Witness \_\_\_\_\_ Date

### **Parent/Guardian Consent [If student is under 18]**

I am the parent or guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this model release.

Parent/Guardian \_\_\_\_\_ Date

Witness \_\_\_\_\_ Date