

Meet fellow students, teachers, coaches & administators, tour the school & get a head start on high school!

#### August 1st 9:00am-2:30pm Cost: \$35

Includes T-Shirt, Drawstring Bag, Snacks and a Pizza Lunch!

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CHECKS TO: Northview High School

\*NO REFUNDS\*

# MAIL REGISTRATION & CHECK TO:

Freshman Orientation Northview High School 10625 Parsons Road Johns Creek, GA 30097

### PARENT RELEASE:

will not hold Fulton County Board of Education, Northview High School, Freshman Orientation, Northview staff or orienation staff responsible for any injury to my child. This is to certify that I have insurance to cover any injury that might occur during participation of the orientation. The law requires that parental permission be obtained for emergency operative procedures on minors. The following consent form should be signed by the parent so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed. I give permission to administer over-the-counter medication as well as such diagnostic, therapeutic, and operative procedures as may be deemed necessary.

Print Name:

Date:

Parent / Legal Guardian Signatur

## **OVER TO COMPLETE**

### NorthviewHigh.com

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### lama Tian Freshmen Orientation Camp

Upcoming Freshmen will learn the ins and outs of the Northview campus, high school basics and Northview traditions, attend breakout sessions with older students, teachers and coaches and meet and work with other rising freshmen in team building activities. Orientation will be staffed by members of the Northview faculty both,

teachers and coaches, as well as current Northview students, including freshman homeroom mentors and National Honors Society members.

Check in at 8:45am, activities 9:00-12pm, Lunch, activities 1-2:30. Meet in the Auditorium lobby and dismissal from the cafeteria. Comfortable shoes and cool attire for indoor and outdoor touring.

INSURANCE INFORMATION:
lease attach a copy of the appropriate insurance card or ally complete the insurance section below.
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MEDICAL INFORMATION:
PLEASE LIST ALL THAT APPLY
fedication student is currently taking:
fedical conditions currently under treatment:
hysical limitations that may hinder participation in ientation:
nown allergies to any medications: