

I am a Titan

Freshmen Orientation Camp

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



July 31st
 9:00am-2:30pm
 Cost: \$35
 Includes T-Shirt,
 Drawstring Bag, Snacks
 and a Pizza Lunch!



Student: _____ Age: _____ Sex: _____

School Attended Last Year: _____

Address: _____

Home Phone: _____ Work Phone: _____

*Please check appropriate T-shirt size:

- Adult S Adult L
- Adult M Adult XL
- Adult XXL

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:

I will not hold Fulton County Board of Education, Northview High School, Freshman Orientation, Northview staff or orientation 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: _____

x _____ Parent / Legal Guardian Signature

- OVER TO COMPLETE -

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→ 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:

Please attach a copy of the appropriate insurance card or fully complete the insurance section below.

Name on Insurance Card: _____
Name of Insurance Company: _____
Policy Number: _____

MEDICAL INFORMATION:

PLEASE LIST ALL THAT APPLY

Medication student is currently taking:

Medical conditions currently under treatment:

Physical limitations that may hinder participation in orientation:

Known allergies to any medications:

