

LAKE HOWELL HIGH SCHOOL  
**FRESHMAN KICK OFF**  
**POOL PARTY**



**Thursday, August 2<sup>ND</sup>**



**5:30 – 7:00 PM**



**Lake Howell Pool**



**\$10 Cash Only**

Join us for our 2<sup>nd</sup> Annual Freshman Kick Off Pool Party! This is your first step in your orientation to Lake Howell High School. Come and hang out with your fellow peers and the Class of 2022!

Parents are invited to attend the Informational Meeting and Q&A Session at the same time in the Lake Howell Auditorium and Senior Cafeteria.

- ✓ Complete Registration form and payment and return to:

Lake Howell High School  
Freshman Kick Off  
4200 Dike Road  
Winter Park, FL 32792

Registration ends August 2<sup>nd</sup> at 2:00pm.  
No registration at the door.

- ✓ Wear your bathing suits and bring towels!

- ✓ Questions? Contact Lake Howell High School at 407-746-9050

Get your free  
Lake Howell  
Spirit Pack!



# Freshman Kick Off 2018 Registration & Liability Form

Registration Deadline: August 2, 2018 at 2:00pm.

Student Name \_\_\_\_\_

Gender \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

- Male
- Female

T-Shirt Size \_\_\_\_\_ Address \_\_\_\_\_

- Small
- Medium
- Large
- Extra Large

Become a Freshman Kick-off Patron and help support on-going Freshman activities with an additional contribution of:  
\$5\_\_\_\_\_ \$10\_\_\_\_\_ \$20\_\_\_\_\_ \$50\_\_\_\_\_ Other\_\_\_\_\_

## LAKE HOWELL HIGH SCHOOL | RELEASE FROM LIABILITY

Mr. Michael Kotkin, Principal  
4200 Dike Road, Winter Park, FL 32792

I hereby consent for \_\_\_\_\_ to participate in the Freshmen Kick Off and related activities at Lake Howell High School. In the case of injury to the above named student, I will not hold the school, the sponsor, and/or chaperone responsible. I understand that all responsible precautions will be taken to prevent injury.

Whenever injury and/or sickness occurs to the student listed above and the student is under the supervision of Lake Howell High School and the student's parent or guardian is not available to give his/her personal permission for treatment, the student and other whose signatures appear below do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by the attending physicians and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly examinations, treatments, anesthetics, operations, and diagnostic procedures which may now or during the course of the student's care be deemed advisable or necessary. We also agree that the student when admitted is to remain in the hospital until the attending physician recommends the student's discharge.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Name of person to be contacted if parents cannot be reached

\_\_\_\_\_  
Emergency Phone

### FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT (F.S. 695.25)

No. 5181

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (Date)  
by \_\_\_\_\_ (Name of person acknowledging), who is personally known to me  
or who has produced \_\_\_\_\_ (Type of identification)  
as identification and who did (did not) take an oath.

\_\_\_\_\_  
(Signature) Notary Public, Commission No. \_\_\_\_\_

\_\_\_\_\_  
(Name of Notary typed, printed or stamped)

(SEAL ABOVE)

ATTENTION NOTARY: Although the information requested below is OPTIONAL, it could prevent fraudulent attachment of this certificate to unauthorized document.

THIS CERTIFICATE  
MUST BE ATTACHED  
TO THE DOCUMENT  
DESCRIBED AT RIGHT:

Title or Type of Document \_\_\_\_\_  
Number of Pages \_\_\_\_\_ Date of Document \_\_\_\_\_  
Signer(s) Other than Named Above \_\_\_\_\_