



**Over 60 & Getting Fit / Active Aging
Registration Form**
College of Southern Idaho

APPLICANT INFORMATION

STUDENT ID# _____

Legal Name: _____
Last First Middle Preferred

Gender: Female Male **Other Names Appearing on Records:** _____

Citizenship: USA Other _____ **Date of Birth (mo/day/year):** _____

Mailing Address: _____
Number & Street/PO Box City County State Zip

Home Phone Number: () - _____ **Cell Phone Number:** () - _____
Area Code & Phone Area Code & Phone

E-mail Address: _____

Emergency Contact: _____ () - _____
Name Relationship Phone

Start Date: Fall semester 20_____ Spring semester 20_____ Summer semester 20_____

Course Dept Course # & Section # Ex: (HACT156 C01)	Course Title	Room	Time	Instructor

My signature indicates that I have carefully read the information provided above and have voluntarily decided to participate in the exercise program, including functional fitness testing. I, for myself and for my family members, release liability against the College of Southern Idaho for injury that could occur.

Student's Signature:

Date: