



**Over 60 & Forever Fit and Active Aging
Registration Form
College of Southern Idaho**



APPLICANT INFORMATION

STUDENT ID # _____

SILVER & FIT 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 Number	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: _____