

## 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 Appea	ring on Rec	ords:			
Citizenship: USA Othe	OtherDate of Birth (mo/day/year):					
Mailing Address:						
Mailing Address:Number & Stre	eet/PO Box	City	,	County	State Zip	
Home Phone Number: ( ) - Cell Phone Number: ( ) - Area Code & Phone Area Code & Phone						
А	rea Code & Phone			Area	Code & Phone	
E-mail Address:						
Emergency Contact:				_	( ) -	
Name				Relations	hip Phone	
Start Date:	nester 20	pring semes	ter 20		ner semester 20	
Course Dept Course # & Section #						
Ex: (HACT156 C01)	Course Title	Room	Time		Instructor	
		1				
My signature indicates the						
voluntarily decided to pa I, for myself and for my f						
for injury that could occu		asc nasn	nty agains		ge of oodinern iddio	
Student's Signature:				Date:		