



**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:** \_\_\_\_\_