



GOLD CARD AND FITNESS CENTER REGISTRATION

Use this form to register for a class or make a schedule change.

TO BE COMPLETED BY THE STUDENT:

Quarter: Summer Fall Winter Spring Year: _____ ctcLink Student ID: _____

Last Name: _____ First Name: _____ MI: _____ Male Female Not Exclusively Male or Female

Cell Phone #: _____ Email: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

| CLASS # | COURSE NAME | # OF CREDITS | PUT AN "X" IN THE APPROPRIATE BOX | | INSTRUCTOR APPROVAL (INITIAL AND DATE) | | | INSTRUCTOR SIGNATURE |
|---------|-------------|--------------|-----------------------------------|------|--|-----------------|------|----------------------|
| | | | ADD | DROP | AUDIT | LATE ENROLLMENT | DATE | |
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LIMITATION OF LIABILITY: The College's total liability for claims arising from a contractual relationship with the student in any way related to classes or programs shall be limited to tuition and expenses paid by the student to the college for those classes or programs. In no event shall the college be liable for any special indirect, incidental, or consequential damages, including but not limited to, loss of earnings or profits.

Student Signature: _____ Date: _____

First time user: Please complete the sections below. Copy of Driver's License/ID card is required.

Select student type:
 Gold Card (60 yrs and older) Senior (55 to 59 yrs) Fitness Center Only Community User (18 to 54 yrs old) - Fitness Center Only

Please mark one or more boxes to indicate what race you consider yourself to be.

| | | | |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Japanese | Are you of Spanish/Hispanic origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino Please specify _____ |
| <input type="checkbox"/> African American | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Asian | |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Race | |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Chinese | Please specify _____ | |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Korean | | |

For Official Use Only

Processor Signature: _____ Date: _____

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