

Enrollment Form

Name: _____ Sex: Male ___ Female ___

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Please mark if: Home ___ Cell ___ Work ___

Email: _____

Date of Birth: _____ SSN: _____ Kirkwood ID#: _____

Class Name: _____ Class ID: _____

Payment must be made at the time of registration. *If payment is still due, please submit this form to your Instructor. A Kirkwood staff member will reach out to you by phone to collect payment.*



If this is a “Buy One Get One” class, and you are a guest of a paid participant, who did you attend with?: _____

***For classes with age limit of 21+:** As a participant in a class that involves possible consumption of alcohol, I affirm that if I choose to consume alcohol I am of or over the legal drinking age of 21 and will provide appropriate ID for verification when attending this class. I fully and clearly understand that if I will be consuming alcohol, I will accept full responsibility for my behavior. It is understood that participation is voluntary and Kirkwood Community College is not responsible for any injury or accidents and all liability against them is waived.

Please mark if 21+: _____ Signature: _____

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