



Date: _____

Please Help Us Get to Know You

Tell us about your interests and talents: _____

Are you interested in volunteering? ____ Yes ____ No

We will contact you if interested. Thanks! We appreciate YOU!

Once completed, mail or drop off to: FiftyNorth, 1651 Jefferson Pkwy, Northfield, MN 55057

Member Information (Confidential)

Name _____ Birthdate ____ / ____ / ____

Mailing Address _____

City, State, ZIP _____

Email _____ Phone (best #) () _____

Ethnicity / Race _____

Membership Option (see back side): _____

Fee \$ _____ New Member Renewal or Rejoining

Indicate if you have one of these health care plans:

BCBS HealthPartners Humana Medica UCare Other _____

How would you prefer to receive your monthly newsletter? Mail Email Get at FiftyNorth

Wellness Center User Waiver of Liability/Informed Consent

I, _____ have chosen to engage in a physical activity that may include but is not limited to aquatic exercise, aerobic exercise, strength training and the use of various aerobic and strength conditioning machinery available at the FiftyNorth Wellness Center.

If I have a medical condition, now or in the future, that may limit my use of the facility or my participation in an activity, I will secure a medical release from my doctor before beginning or continuing in an exercise program and will follow all recommendations indicated by my physician throughout my participation.

I understand that I am responsible for monitoring my own condition throughout any exercise program, and should any unusual symptoms occur, I will cease my participation and inform my physician of the symptoms.

I fully understand that any form of exercise carries risk of injury. In consideration of my participation in the FiftyNorth Wellness Center programs, I hereby release Northfield Senior Citizens, Inc. (FiftyNorth), the city of Northfield, and all FiftyNorth employees, volunteers, instructors and independent contractors such as Personal Trainers or Physical Therapists from: Any liability, claims, demands and causes of action now or in the future for myself, my heirs and assigns, for injuries that include, but are not limited to: heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/foot/lower back injuries, and any and all other illness, soreness, or injury, however caused, during or after my participation in FiftyNorth Wellness Center programs.

I hereby affirm that I have read and fully understand the above.

Signature _____ Date _____

2022 Membership Levels

AFFILIATE: Age 80+. Annual membership fee; program and user fees.

GENERAL: Annual membership fee; program and user fees.

FITNESS BASIC: Membership cost includes open use of fitness room and pool, fitness groups.

FITNESS PLUS: Membership cost includes open use of fitness room and pool, fitness groups, unlimited fitness and aqua classes.

PLATINUM: Membership cost includes open use of fitness room and pool, all groups and all FiftyNorth classes. Fees for other programs and materials may be required.

If you have a Health Insurance Program of: Health Partners, Medica, Preferred One, or UCare
Members who purchase a Fitness Basic, Fitness Plus, or Platinum level membership may be eligible for a reimbursement up to \$20 each month if workouts total at least 12 days per month.

*Additional NIHCA reimbursement form needs to be completed.

2022 MEMBERSHIP LEVELS AND FEES Effective January 1, 2022

Membership Option	Affiliate (80+)	General	Fitness Basic Open Use: Fitness & Aqua	Fitness Plus Open Use: Fitness & Aqua classes	Platinum Open Use: All FiftyNorth classes
Annual Membership	\$35	\$60	\$412	\$545	\$604
Monthly Fee	NA	NA	\$36	\$47	\$52
Open Use: Fitness, Aqua	\$4	\$4	\$0	\$0	\$0
Groups: Fitness & Aqua	\$4	\$4	\$0	\$0	\$0
Classes: Fitness & Aqua	\$7	\$7	\$7	\$0	\$0
Groups: other	\$1	\$1	\$1	\$1	\$0
Art & Lifelong Learning Classes	Fee	Fee	Fee	Fee	\$0
Other Programs	Fee	Fee	Fee	Fee	Fee
Material Fees	\$ Cost per class	\$ Cost per class	\$ Cost per class	\$ Cost per class	\$ Cost per class

(\$0) indicates this feature is included in your membership fee. All memberships are annual and need to be renewed on the anniversary date. Automatic Transfer of Funds (ATF) options require an additional form to be turned in with membership form. Membership is open to anyone 50 or older. All personal information on this form is confidential.

Medical User: Available to users, under the age of 50, and referred by a doctor for open use and classes for aqua and fitness. User must provide a doctor's slip along with membership form. Short term: 1-3 months; \$7 per open use, \$9 for classes. Long Term: 3 month and longer; \$46 per month. See Membership Coordinator for more information.

Scholarships: Are available to anyone that may need financial help in paying the membership and program fees. Please see a staff person for more information.