

# 2025 Membership Form



Date: \_\_\_\_\_

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

## Member Information (Confidential)

**PLEASE PRINT**

New Member                       Renewal or Rejoining   
Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Ethnicity/Race \_\_\_\_\_ Gender: Male  Female  Nonbinary   
Mailing Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Phone: Cell / Home (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
(Circle one)                      How did you hear about FiftyNorth? \_\_\_\_\_

Membership Option (see back side): \_\_\_\_\_ Fee \$ \_\_\_\_\_

Indicate if you have one of these health care plans:

BCBS  HealthPartners  Humana  Medica  UCare  United Health Care  Other \_\_\_\_\_

How would you prefer to receive your monthly newsletter? Email  Pick up at FiftyNorth

Are you interested in volunteering? Yes  No

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

### Wellness Center User Waiver of Liability/Informed Consent and Disruptive Behavior Policy

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.

#### **DISRUPTIVE BEHAVIOR POLICY**

Any individual who poses a threat of safety or health, to self or other, or repeatedly displays behavior that discourages or limits the participation of others, will be asked to leave the premises. If the individual refuses, staff will contact the police and the individual will be removed. If no staff is available, volunteers may discontinue activities and/or close the Center.

Future participation by the individual will be determined through a meeting with the person involved, the FiftyNorth Board President and the FiftyNorth Director.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Membership information - See other side**

# 2025 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 wellness center, functional fitness room, warm water pool, sauna, hot tub, and fitness groups.

**FITNESS PLUS:** Membership cost includes open use of wellness center, functional fitness room, warm water pool, sauna, hot tub, fitness groups, plus unlimited fitness and aqua classes.

\*If you have a Health Insurance Program of: Health Partners, or UCare:

Members who purchase a Fitness Basic, or Fitness Plus 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.

## 2025 MEMBERSHIP LEVELS AND FEES (Effective January 1, 2025)

Membership Option	Affiliate (80+)	General	Fitness Basic Open Use Fitness & Aqua	Fitness Plus Open Use, Fitness & Aqua classes
Annual Membership	\$35	\$62	\$440	\$580
**Monthly Fee (see below)	NA	NA	\$38	\$49
Open Use: Fitness, Aqua Non-member fee: \$8 per time	\$5	\$5	\$0	\$0
Groups: Fitness & Aqua Non-member fee: \$8 per time	\$5	\$5	\$0	\$0
Classes: Fitness & Aqua Non-member fee: \$10 per class	\$8	\$8	\$8	\$0
Groups: Music	\$2	\$2	\$2	\$2
Groups: other	\$1	\$1	\$1	\$1
Art, Wellness & Lifelong Learning Classes	Fee	Fee	Fee	Fee
Other Programs/Trips	Fee	Fee	Fee	Fee

**(\$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. Must be accompanied by a parent or guardian if under age 18.

Long Term: 3 month and longer: ~~\$580/yr~~ or ~~\$49/mo~~\*\*. See Membership Manager for more information.

**Scholarships:** A scholarship at the fitness basic membership level may be available to eligible members in need of financial assistance. Please see a staff person for more information.

\*\*Additional ACH automatic monthly payment form needs to be completed.