



Please Help Us Get to Know You

FiftyNorth takes pride in being a member-directed and member-driven organization. Our members bring the ideas, interests and skills to guide planning, programming and goal setting. We maintain a database to capture members' interests, and identify members we could contact for ideas and information as this organization continues to move forward. The center's vitality and future is dependent on the energy, involvement and expertise our members can give us.

*** PLEASE FILL OUT BOTH SIDES OF FORM ***

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 #) (____) _____

Membership Option (see back side): _____

Fee \$ _____ + New Member one-time processing fee of \$10, if applicable

New Member Renewal or Rejoining

Indicate if you have one of these health care plans:

BCBS Silver Sneakers Silver & Fit Medica HealthPartners

Silver & Fit Plus upgrade is \$180 for 2018

How would you prefer to receive your monthly newsletter?

Mail Email Pick up at FiftyNorth

Member Profile

Work experience: _____

Interests, talents and hobbies: _____

When we plan programming for the center, we like to have member input and participation. Sometimes we form special interest groups to help plan, or to help with an event.

Would you like more information about volunteer opportunities?

Yes, contact me. I am especially interested in knowing more about:

Are there other programs or areas of interest that you would like to see FiftyNorth offer?

Annual Memberships and Fees Effective January 1, 2018

MEMBERSHIP OPTIONS	Affiliate 80+	General	Fitness	Aqua	Gold	Platinum
Annual Membership Cost	\$35	\$54	\$287	\$287	\$394	\$553
Monthly ATF Cost	—	—	\$27	\$27	\$35	\$48
Open Use, Fitness Room	\$4	\$4	X	\$4	X	X
Open Use, Pool	\$4	\$4	\$4	X	X	X
Classes — Fitness or Aqua	\$7	\$7	\$7	\$7	\$7	X
Other Classes	Fee	Fee	Fee	Fee	Fee	X
Fitness Groups	\$4	\$4	X	\$4	X	X
Aqua Groups	\$4	\$4	\$4	X	X	X
Other Groups	\$1	\$1	\$1	\$1	\$1	X

(X) indicates this feature is included in your designated membership fee. All memberships are annual and need to be renewed on the anniversary date. Note: Automatic Transfer of Funds (ATF) options require an additional form to be turned in with this 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, referred by a doctor for use of pool and fitness facilities. Users must provide a doctor's slip along with this form. Use is limited to pool and fitness open use and classes. Short Term: 1–3 months; cost is \$7 per open use, \$9 for classes, same as for non-members. Long Term: 3 months and longer; cost is \$40 per month. See Membership Coordinator for more information.

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. (NSC), the city of Northfield, and all NSC 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 _____

Thank you for your interest and membership in FiftyNorth. We're glad you're here.