



FiftyNorth

2025 Membership Form

beginning July 1, 2025

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 with reduced rates on program and user fees.

GENERAL: Annual membership fee with reduced rates on 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.

PLATINUM: Membership cost includes open use wellness center, functional fitness room, warm water pool, sauna, hot tub, fitness groups, unlimited fitness and aqua classes, most Lifelong Learning and Art classes. Fees for specialty programs and materials may be required.

*If you have a Health Insurance Program of: HealthPartners, 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 July 1, 2025

Membership Option	Affiliate (80+)	General	Fitness Basic Open Use Fitness & Aqua, Fitness Groups	Fitness Plus Open Use Fitness & Aqua, Fitness Groups Fitness & Aqua Classes	Platinum Open Use Fitness & Aqua, All Groups, & most Classes
Annual Membership	\$35	\$62	\$440	\$580	\$840
**Monthly Fee (see below)	NA	NA	\$38	\$49	\$70
Open Use: Fitness, Aqua	\$5	\$5	\$0	\$0	\$0
Groups: Fitness & Aqua	\$5	\$5	\$0	\$0	\$0
Classes: Fitness & Aqua	\$8	\$8	\$8	\$0	\$0
Groups: other	\$1	\$1	\$1	\$1	\$0
Art & Lifelong Learning Classes	Fee	Fee	Fee	Fee	may have Specialty or Materials fee
Trips and 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. 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: Are available to anyone that may need financial help in paying the membership and program fees. Please see a staff person for more information.

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