



2026

Please check one:

-  Silver&Fit®
  SilverSneakers®
by Tivity Health
  Renew Active
by UnitedHealthcare
 One Pass™
 CAC FACILITY PASS \$40/mo.

Name _____

Street address _____

City _____ Zip _____

Home phone _____ Cell phone _____

Email _____

(Will be used for program communications only)

____ Include this email for Brooklyn Park Recreation Programs information and updates

Date of Birth: Month _____ Day _____ Year _____

Insurance Provider: _____

REQUIRED: FITNESS ID#(Renew Active & One Pass): _____

I am new to the Community Activity Center

- I want to: (check any or all)
- Attend Fitness classes
 Use Fitness Room
 Attend Social Events / Clubs
 Play Pickleball
 Other _____

Adult Fitness – Medicare Health Plan Benefit – Participating Health Plans 2026 *(updated 10/21/2025)*

SilverSneakers 2026 Participating Health Plans



Silver & Fit 2026 Participating Health Plan



HEALTHY CONTRIBUTIONS

Renew Active 2026 Participating Health Plans



OnePass 2026 Participating Health Plans





EMERGENCY CONTACT INFORMATION

In case of emergency, the Brooklyn Park Community Center staff requests the following information on file to best serve you:

Preferred hospital _____

Emergency Contact #1:

Name _____

Relationship _____

Phone _____

Alternate Phone _____

Emergency Contact #2:

Name _____

Relationship _____

Phone _____

Alternate Phone _____

Your Race/Ethnicity: please check (not required)

- Asian or Pacific Islander (Hmong/Vietnamese/Lao/Asian Indian/Middle Eastern)
- Hispanic or Latino (Mexican/Puerto Rican/Afro-Caribbean/Afro-Latino/Central American)
- Black or African American
- African (Liberian/Nigerian/Oromo/Somali)
- White or European American
- Other: _____
- Prefer Not to Answer

Please Indicate any Special Accommodations: please check

- Allergy/Medical Needs: _____
- Behavioral/Intervention Support
- Inclusion Support
- None
- Other: _____



Waiver and Assumption of Risk

Please consult with your physician before beginning any exercise program.

I acknowledge that I have voluntarily chosen to participate in one or more physical exercise or fitness activity or sport programs (the "Programs"). I acknowledge (i) the nature of the risks of the particular Programs in which I have chosen to participate, and (ii) the strenuous nature of those Programs. I understand, for example, the risks associated with physical injury, abnormal blood pressure, heart attack and even death; as well as the risks associated with the negligence of a fitness participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Medicare benefit member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing).

By signing this document, I expressly assume all risk for my health and well-being and expressly assume the other risks associated with participating in the Programs, including, but not limited to, the negligence of a fitness participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Medicare benefit member (including without limitation the owners, officers, directors, employees, and representatives of the foregoing). I also hereby release, waive, discharge and covenant not to sue any class instructor, any participating fitness location, any sponsoring organization, Medicare supplement plans or any of their subsidiaries or any other organization or individual providing or promoting classes, functions, Programs, testing, or other activities that I participated in as a Medicare benefit program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing) at any time hereafter, from any and all demands, liabilities, losses, or damages (including death, bodily injury or damage to property) caused or alleged to be caused in whole or in part by the negligence of any of the foregoing people or entities.

I have read and understand this waiver and express assumption of risk. I have also read, understand, and will adhere to all guidelines and policies in regard to this benefit. This waiver and release shall survive the term of any agreement with a Medicare benefit participating location or individual. In the event that my physician has recommended any limitations to my physical activity or I have experienced any of the following conditions, I hereby attest that I have informed my physician of the condition(s) and have obtained express consent from my physician to participate in the Programs.

- Chest pains while at rest and/or during exertion, previous heart attack or high blood pressure
- Any heart or circulatory conditions, such as vascular disease, stroke, chest pain, congestive heart failure, poor circulation to the legs, valvular heart disease, blood clots
- Frequent fast, irregular heartbeats OR very slow heartbeats
- Diabetes
- Previous hip or spinal fracture (as an adult)
- Lung disease or shortness of breath after mild exertion, at rest, or in bed
- Open cuts on my feet that do not seem to heal
- An unexplained weight loss of ten (10) pounds or more in the past six (6) months
- More than two falls in the past year (no matter what the reason)
- More than one year since I have engaged in regular physical activity

Print Member's Name _____

Name Member's Signature _____ Date _____

Emergency Contact Name Contact Phone Number _____

BROOKLYN PARK ADULT FITNESS Winter 2026 REGISTRATION



CHECK THE CLASSES YOU WOULD LIKE TO BE ENROLLED IN – ALL CLASSES WILL BE OFFERED IN PERSON AT THE CAC

Monday	Tuesday	Wednesday	Thursday	Friday
January 5 – March 16 (9 Classes) No Class: 1/12 & 1/19 Instructor: Stephanie	January 13 – March 17 (10 Classes)	January 7 – March 18 (10 Classes) No Class: 1/21	January 8 – March 5 (7 Classes) No Class: 1/22 & 2/5	January 16 – March 20 (10 Classes)
9-9:45 AM Cardio Strength <input type="checkbox"/> In Person #149008.11 membership/\$63/\$76	9-9:50 AM Silver Strength & Core <input type="checkbox"/> In Person #149001.11 membership/\$70/\$84	9-9:45 AM Zumba Gold <input type="checkbox"/> In Person #149007.11 membership/\$70/\$84	12:45-1:30 PM Hatha Yoga <input type="checkbox"/> In Person #149102.11 \$49/\$59	9-9:50 AM Silver Strength & Core <input type="checkbox"/> In Person #149001.12 membership/\$70/\$84
10-10:45 AM Silver Sneakers Yoga <input type="checkbox"/> In Person #149003.11 membership/\$63/76	10-10:50 AM Silver Sneakers Classic <input type="checkbox"/> In Person #149002.11 membership/\$70/\$84	10-10:45 AM Silver Sneakers Yoga <input type="checkbox"/> In Person #149003.12 membership/\$70/\$84		10-10:50 AM Silver Sneakers Dance/Zumba <input type="checkbox"/> In Person #149005.11 membership/\$70/\$84
EVENING CLASSES				
<p style="text-align: center;"><u>Jan 6 – Feb 10 (6)</u></p> Hatha Yoga (Sess1) <input type="checkbox"/> 5-5:45 PM 149102.13 - membership/\$57/\$68.50 <input type="checkbox"/> 6-7PM 149102.14 - \$57/\$68.50				
<p style="text-align: center;"><u>Feb 17 – Mar 17 (5)</u></p> Hatha Yoga (Sess2) <input type="checkbox"/> 5-5:45 PM 149102.15 - membership/\$47.50/\$57 <input type="checkbox"/> 6-7PM 149102.16 - \$47.50/\$57				