



## Coffee Street Fitness & Dance Insurance Consent Form

Insured Member's Name: \_\_\_\_\_ Gender: M F

16-digit Tivity Health ID # \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Ins. Co. Phone #: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Member's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

\*Member's Cell #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \*Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\*Member's Email: \_\_\_\_\_

**Members: Please initial each one as you read and understand the instructions listed.**

\_\_\_\_\_ A. I understand that it is my responsibility to verify with **Silver Sneakers**, Customer Service **888-423-4632**, that I am signed up for the coverage before giving the insurance information to the fitness center.

\_\_\_\_\_ B. I understand that Silver Sneakers *encourages at least 8-visits* each month, *but not mandatory*, to acquire and maintain good health. Only 1 workout per day is counted. Workouts in the Fitness Center or a fitness class attended can be counted toward a workout for the day.

\_\_\_\_\_ C. I understand that it is my responsibility to **sign-in** on the membership list and **scan-in** on the electronic device at the fitness center each time I visit to ensure that my visit is recorded at the time of my workout.

\_\_\_\_\_ D. I understand that the fitness center is entitled to reimbursement for the use of the facility and the equipment, and maintenance costs each time I workout or attend a class.

This authorization will remain in effect until I notify the above fitness center that my SilverSneakers Program eligibility has discontinued.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any questions on completion of this form, please contact Sandy Tammel at Coffee Street Fitness & Dance 507-272-3731.