



North Providence Mancini Center
Two Atlantic Boulevard ~ North Providence, RI 02911

2019 Membership Application

Effective January 1st, 2019 – December 31st, 2019

North Providence Resident Fee: \$10.00 | Non-Resident Fee - \$15.00

Checks Payable to: Town Of North Providence

Last Name: _____ First: _____

Address: _____ Apt # _____

City/Town: _____ State: _____ Zip: _____

Home # : (____) _____ Cellular #: (____) _____

Sex: Male ___ Female ___ Date of Birth: ____/____/____ Marital Status: _____

Email: _____

Do You Drive? Yes ___ No ___ Vehicle Plate # _____

Newsletter: Pick-up at NPMC: _____ Mail: _____
(I want to pick my newsletter up at the center) (I want my newsletter to be mailed to the above address)

Veteran: Yes ___ No ___ Ethnicity: Non-Hispanic/Latino _____ Hispanic/Latino _____

Race: Caucasian _____ African American _____ Asian _____ Native Hawaiian/Pacific Islander _____

Do you live alone? Yes ___ No ___

Emergency Contact:

Primary Contact: _____ Relationship: _____

Address: _____ Phone # (____) _____

Secondary Contact: _____ Relationship: _____

Address: _____ Phone # (____) _____

Primary Doctor: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Signature Required On Back



North Providence Mancini Center

MEMBER DISCLAIMER & WAIVER OF LIABILITY

The Town of North Providence and the North Providence Mancini Center (NPMC) programs, services and facilities are for use by our members and registered guests.

By signing this form you agree that participation in all activities at NPMC is entirely at your own risk. You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risk of injury, illness or death.

I, the undersigned, understand that participation in NPMC's on-site or off-site activities, programs, or services could result in severe injuries, including paralysis or death, and I assume any and all such risk. In consideration for allowing me to use NPMC facilities, I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for losses and damages I may have against NPMC and its representatives, successors and assigns for any and all injuries suffered by me as a result of my use of these facilities. I also agree to hold harmless NPMC from and against all liability as a result of damage to my property while engaged in NPMC activities, programs, and services on-site and off-site. NPMC shall not be liable for any actions taken or injuries incurred in these areas.

Signature: _____ Date: _____

Print Name: _____

Office Use Only: Paid Date: _____ Cash/Check Received by: _____ Receipt # _____
Membership #: _____ Photo Taken: _____ Entered By: _____ Date: _____