



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

**2021 Membership Application**

Effective January 1<sup>st</sup>, 2021 – December 31<sup>st</sup>, 2021

**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: \_\_\_\_\_

## Code of Conduct Policy and Standards for Participants Policy

I, the undersigned, have read, understand and agree to the guidelines and course of action for conduct and participation at the North Providence Mancini Center.

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

Print Name: \_\_\_\_\_

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