



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

2025 Membership Application

Effective January 1st, 2025 – December 31st, 2025

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

Checks Payable To: Town of North Providence

Last Name: _____ First: _____

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

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

Address: _____ Apt # _____

City/Town: _____ State: _____ Zip: _____

Email: _____

Emergency Contact:

Primary Contact: _____ Relationship: _____

Address: _____ Phone # (____) _____

Secondary Contact: _____ Relationship: _____

Address: _____ Phone # (____) _____

Do you live alone? Yes ___ No ___

Veteran: Yes ___ No ___

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

Primary Doctor: _____ Phone: (____) _____

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

NEW

Newsletter: 3 Options - Please Choose One.

Pick-up at NPMC: _____
(I'd like to pick my newsletter up at the Center)

Mail: _____
(I'd like my newsletter mailed to my address)

View on Website: _____
(I'd like to view my newsletter on-line)

***Membership Fee Is Non-Refundable ~ 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: _____

Receipt #: _____

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