



# NORTH PROVIDENCE YOUTH CENTER ANNUAL MEMBERSHIP REGISTRATION FORM

2 Governor Notte Park Way, Building 1  
North Providence, RI 02904  
[Youthcenter@northprovidenceri.gov](mailto:Youthcenter@northprovidenceri.gov)  
401-437-6422

## YOUTH MEMBER INFORMATION

Legal First Name:	MI:	Legal Last Name:	Preferred Name:	DOB: _ / _ / _	Grade:	Gender:
Street Address:			Apt:	City:		State: Zip Code:
Home Phone:		Cell Phone (if any):		Email Address (if any):		
Name of School:				Favorite school subject(s)?		
Please list any hobbies or extracurricular activities:						

## PRIMARY PARENT OR GUARDIAN

Legal First Name:	MI:	Legal Last Name:	Preferred Name:	Relationship to Member:		
Street Address:			Apt:	City:		State: Zip Code:
Home Phone:		Cell Phone:		Email Address:		
Employer:				Work Phone:		

## ADDITIONAL PARENT OR GUARDIAN

Legal First Name:	MI:	Legal Last Name:	Preferred Name:	Relationship to Member:		
Street Address:			Apt:	City:		State: Zip Code:
Home Phone:		Cell Phone:		Email address:		
Employer:				Work Phone:		

## EMERGENCY CONTACTS

*Please designate two individuals who may be contacted if both parents/guardians cannot be reached:*

Full Name:	Relationship to Member:	Phone Number:
Full Name:	Relationship to Member:	Phone Number:

## MEDICAL AND INSURANCE INFORMATION

Does the member have asthma?	Use an inhaler?
Does the member have any allergies? (Please list):	Does the member carry an EpiPen?
List any activities from which your child should be exempt from for health reasons:	
Any other information Youth Center administrators/staff should be made aware of?	
Medical Insurance Carrier:	
<i>It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all North Providence Youth Center activities. North Providence Youth Center does not provide any accident or health coverage for its members.</i>	

## PARENT/GUARDIAN PERMISSIONS

*Circle 'YES' or 'NO' for the following statements...*

I give my child permission to leave the Youth Center at any time:      **YES**      **NO**  
I prefer my child to stay at the Center until they are picked up by an authorized individual:      **YES**      **NO**

### PICK UP AUTHORIZATIONS

Legal First Name:	Legal Last Name:	Phone Number:	Relationship:
1.			
2.			
3.			
4.			
5.			

### MEDICAL TREATMENT

In the event of a medical emergency, I give permission for the youth member to be given CPR/AED/First Aid treatment by a certified North Providence Youth Center staff member.

In the event I cannot be contacted, I also give permission for the youth member to be transported to an emergency center by ambulance or other vehicle to receive treatment deemed necessary or advisable by a licensed physician to safeguard the child's health.

## RELEASE FROM LIABILITY

I hereby release, waive, acquit and forever discharge the North Providence Youth Center, and the Town of North Providence, their representatives, successors, insurers, assigns or any other person or entity associated with either of the above such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from North Providence Youth Center.

## PHOTO RELEASE

The applicant hereby gives permission for North Providence Youth Center to use without limitation or obligation, photographs or other media that may include the member's image or voice to promote the North Providence Youth Center facilities.

Please check this box if you DO NOT want your child to be photographed:

## SCHOOL INFORMATION

I give my permission to North Providence Youth Center and North Providence Public Schools to exchange information regarding the youth member listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, at the Youth Center and in life. This release is valid for one year and may be revoked at any time by contacting North Providence Public Schools or North Providence Youth Center in writing.

Does this youth member take a bus to and/or from school? Yes No (If yes) **Bus #** \_\_\_\_\_

**I have read and understand the above and have completed this form to the best of my ability:**

\_\_\_\_\_  
Signature of Primary Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Youth Member

\_\_\_\_\_  
Date

## MEMBERSHIP DUES

**Annual Rate:** \$25.00\*

**Annual Family Rate:** \$25.00 for first household child, \$10.00 for every child registered after.  
Primary parent/guardian must fill out a registration form for each child participating.

\*Scholarships may become available.

## PAYMENT METHOD

Circle one:

CASH

CHECK

Check no. \_\_\_\_\_

**Would you like to sponsor a student/students who cannot afford membership dues?**  Yes  No

**AMOUNT ENCLOSED:** \_\_\_\_\_

(Including sponsorships)

**Payment and completed membership forms can be dropped off at the Youth Center or mailed to:**

Mandy Roach, Program Director  
2 Governor Notte Park Way, Building 2  
North Providence, RI 02904