



WELCOME TO DROP IN!

**WE ARE A PROGRAM FOR YOUTH
AGES 11-17. WE OFFER
OPPORTUNITIES TO SHARE NEW
EXPERIENCES, LEARN NEW
SKILLS, BE INVOLVED IN OUR
COMMUNITY, AND SO MUCH
MORE!**

EXPECTATIONS

- ✘ Respect staff, others, property and equipment
- ✘ Remain alcohol, drug and tobacco free at BGCR
- ✘ Electronic devices will be used in respectful ways
- ✘ Be responsible for your belongings
- ✘ Follow staff direction and cooperate with activities
- ✘ Use language that is appropriate and respectful to all members and staff
- ✘ Refrain from participating in violent behavior and inappropriate touching

Contact Information

506-387-7070 ext 6 - Drop In Team

www.bgcriverview.com

Facebook.com/bgcriverview

www.riverviewdropin.com

Program Director: Matt Hayes
matthayes@bgcriverview.com

LOCATED @

**RIVERVIEW MIDDLE SCHOOL
45 DEVERE RD, RIVERVIEW
NB E1B 2M4**



REGISTRATION FORM

**LIKE US ON
FACEBOOK AND
FOLLOW US ON
INSTAGRAM!**



@RIVERVIEWDROPIN



@DROPINTEENCENTER



@TEEN_NIGHT_TUESDAYS



bgc

Riverview

**WE
ARE
OPEN** **MONDAY
TO
FRIDAY FROM
2:45 - 5:45**

**WE
OFFER:
SUMMER CAMP!
TRIPS!
CREATIVE ARTS!
TABLE GAMES!
ACADEMIC SUPPORT!
GYM GAMES!
OUTDOOR RECREATION!
SKILL DEVELOPMENT!
TECH CENTER!
ACADEMIC SUPPORT!
MIDDLE SCHOOL DANCES!
IN SCHOOL PROGRAMS!**

MEDIA RELEASE

I, on behalf of my child(ren), give permission to BGC Riverview to photograph and/or record my child(ren) on still photographs, motion picture, audio tape and/or video tape and to use this material, in whole or in part, through the media of television, film, internet, multimedia presentation, radio, audiotape, videotape or in printed or display form for the promotion of BGC Riverview.

I, on behalf of my child(ren) and my child(ren)s behalf, assign and transfer to BGC Riverview all rights, including copyright, which I may have or my child(ren)s may have in this material.

I give permission as set out above:

I do not give permission:

TRANSPORTATION

BGC Riverview uses two, 12 passenger vans and a 21 passenger bus to transport members to various outings including day trips and special events. Only program members are permitted to be transported in our vehicles. By agreeing to this policy you agree to allow your child to be transported via our vehicles for any and all outings of BGC Riverview. Any outing outside of town limits will require a permission slip, signed by a parent or guardian.

I, on behalf of my child(ren), give permission to BGC Riverview to transport my child for the purposes of said organizations programming.

I understand all of the guidelines and information above.

I give permission as set out above:

I do not give permission:

PLEASE FILL IN THE INFORMATION BELOW

Member Name : _____

Address : _____

Contact Number : _____

Age : _____ D.O.B : _____ Grade : _____

Medicare : _____ School : _____

Medical History (Allergies, ADHD, etc.) : _____
Identifies As: _____

Family Doctor : _____

Parents/Guardian Consent :

Emergency Contact : _____

I give consent and approve of my child being a member of BGC Riverview from any liability in the event of an accident or death while a member of said organization. I also agree to abide by the rules and policies set out by BGC Riverview for protection and safety of it's members.

Number : _____

Relationship : _____

Parents/Guardian Name (Print) :

Parents/Guardian Signature :

Parents Email :

