

## BGC Airdrie Club Teen Spooky Movie Night – Holiday Edition Permission Form

I hereby give permission for my youth, \_\_\_\_\_, to attend BGC Airdrie Club's Teen Spooky Movie Night and watch the movie Five Nights at Freddy's. I acknowledge that this movie is rated 14A and is rated as such due to frightening scenes and horror related content.

I give permission for my youth to watch this movie and participate in Teen Spooky Movie Night.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (please print)

\_\_\_\_\_  
Date

THE CLUB  
Mailing address:  
1003 Allen Street  
Airdrie, AB. T4B 1B3  
T 403.948.7782

THE CENTRE  
Registration & Inquiries  
200 East Lake Crescent  
Airdrie, AB  
T 403.948.3331

THE CRIB  
Address:  
660 1<sup>st</sup> Ave  
Irricana, AB.  
T 403-805-1167

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