



**WILLIAMSON COUNTY SCHOOLS**

**EXTRA-CURRICULAR ACTIVITY PERMISSION SLIP**

Student Name: \_\_\_\_\_

Club or Organization Name: \_\_\_\_\_

*Pursuant to Tennessee Code Annotated §49-6-1031(b), I certify that I am of eighteen (18) years of age or older and intend to participate in activities of the above listed club or organization.*

Signature of Student: \_\_\_\_\_

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