

Athletic Team Physician

2017-18 Request for NCHSAA Athletic Pass

ONE PASS PER SCHOOL

Yearly pass requests are processed and mailed beginning mid September of each school year.
Each pass is valid from September through September of the following year.

School Name

Team Physician's Name (please print)

Principal

Principal's Signature

Date of Request

Principal's Telephone Number

For NCHSAA Use Only

Request – Approved/Denied

Comments:

NCHSAA Staff Member Signature

Date Sent _____

Please return this form to Pepper Hines, P.O. Box 3216, Chapel Hill, NC 27515, fax 919-240-7399 or pepper@nchsaa.org

** This athletic pass, approved by the NCHSAA Board of Directors, is NON-TRANSFERABLE. Any abuse of this policy, may result in the athletic pass being revoked and not re-issued