

# Athletic Team Physician

2021-22 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