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