



Athletic Team Physician

Request for NCHSAA Physician Athletic Pass

ONE PASS PER SCHOOL

Passes requested on or before September 1st can be picked up at the regional meetings.

Passes requests between September 2nd -October 1st will be mailed.

No requests will be honored after October 1st.

Each pass is valid from September through September of the following year.

School Name

Team Physician's Name (please print)

School Mailing Address

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 scan and return this completed form to Kim Newman at kim@nchsaa.org or mail to P.O. Box 3216, Chapel Hill, NC 27515.

** 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.