



2015-16 Application for NCHSAA Team Physician 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: _____

Principal Name: _____ Physician Name: _____

School Phone Number: _____

Principal's Signature

Date

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

Submit this form to:

Via Mail
NCHSAA
ATTN: Pepper Hines
PO Box 3216
Chapel Hill, NC 27515

Via Fax
919-240-7397

For NCHSAA Use Only

Approved / Denied

Comments:

NCHSAA Staff Member Signature

Date Sent