

Athletic Team Physician

2016-17 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 of Entire School

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 or fax 919-240-7399

**** 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**