



# Athletic Team Physician

2022-23 Request for NCHSAA Physician Athletic Pass

## ONE PASS PER SCHOOL

*Passes requested on or before September 1<sup>st</sup> can be picked up at the regional meetings.*

*Passes requests between September 2<sup>nd</sup> and October 1<sup>st</sup> will be mailed.*

***No requests will be honored after October 1<sup>st</sup>.***

**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](mailto: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**