

# Athletic Director Contact Form

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National Federation of Middle School Sports • 501(c)(3) Nonprofit • In Time of Need, Inc. • Members Only • Internal / Onboarding

**Internal / registered-school onboarding form:** This form should be completed after a school has applied for membership or has been approved for NFMS onboarding. It is not intended to be a general public form.

## 1 School Information

LEGAL SCHOOL NAME

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SCHOOL DISTRICT / NETWORK

SCHOOL TYPE

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SCHOOL ADDRESS

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CITY

STATE / ZIP

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MAIN SCHOOL PHONE

SCHOOL WEBSITE

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GRADES SERVED

APPROXIMATE ENROLLMENT

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NFMS APPLICATION ID / MEMBERSHIP ID

MEMBERSHIP START DATE

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## 2 Primary Athletic Director Information

ATHLETIC DIRECTOR FULL NAME

TITLE

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DIRECT PHONE

EMAIL ADDRESS

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OFFICE PHONE

PREFERRED CONTACT METHOD

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MAILING ADDRESS (if different from school)

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YEARS AS AD AT THIS SCHOOL

NFMSS AD CERTIFICATION LEVEL (if applicable)

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### 3 Secondary Athletics Contact

SECONDARY CONTACT FULL NAME

TITLE / ROLE

PHONE

EMAIL ADDRESS

RESPONSIBILITIES / AREAS OF OVERSIGHT

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### 4 Sports Overseen by Athletic Director

Check all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> Football         | <input type="checkbox"/> Boys Basketball |
| <input type="checkbox"/> Girls Basketball | <input type="checkbox"/> Baseball        |
| <input type="checkbox"/> Softball         | <input type="checkbox"/> Volleyball      |
| <input type="checkbox"/> Boys Soccer      | <input type="checkbox"/> Girls Soccer    |
| <input type="checkbox"/> Track and Field  | <input type="checkbox"/> Cross Country   |
| <input type="checkbox"/> Wrestling        | <input type="checkbox"/> Cheerleading    |
| <input type="checkbox"/> Dance            | <input type="checkbox"/> Lacrosse        |
| <input type="checkbox"/> Tennis           | <input type="checkbox"/> Golf            |
| <input type="checkbox"/> Swimming         | <input type="checkbox"/> Flag Football   |
| <input type="checkbox"/> Other: _____     | <input type="checkbox"/>                 |

TOTAL NUMBER OF TEAMS OVERSEEN

TOTAL STUDENT-ATHLETES (approx.)

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### 5 Coach Contact Directory

Add additional pages if needed

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Complete one entry per head coach. Attach additional sheets for assistant coaches or large programs.

**COACH 1**

COACH FULL NAME

SPORT / TEAM

DIRECT PHONE

EMAIL ADDRESS

CREDENTIAL / CERTIFICATION LEVEL

BACKGROUND CHECK COMPLETED?

**COACH 2**

COACH FULL NAME

SPORT / TEAM

DIRECT PHONE

EMAIL ADDRESS

CREDENTIAL / CERTIFICATION LEVEL

BACKGROUND CHECK COMPLETED?

**COACH 3**

COACH FULL NAME

SPORT / TEAM

DIRECT PHONE

EMAIL ADDRESS

CREDENTIAL / CERTIFICATION LEVEL

BACKGROUND CHECK COMPLETED?

#### COACH 4

COACH FULL NAME

SPORT / TEAM

DIRECT PHONE

EMAIL ADDRESS

CREDENTIAL / CERTIFICATION LEVEL

BACKGROUND CHECK COMPLETED?

## 6 Authorization and Decision-Making Role

Indicate which decisions the Athletic Director is authorized to make on behalf of the school for NFMSS purposes:

- Submit team registrations, rosters, and eligibility documents to NFMSS.
- Sign and return NFMSS membership documents and agreements on behalf of the school.
- Authorize submission of athlete information, statistics, photos, videos, and media to NFMSS platforms.
- Communicate on behalf of the school regarding scheduling, championships, and event participation.
- Coordinate coach compliance, background checks, code of conduct acknowledgments, and credentialing.
- Manage parent/guardian consent forms, waivers, medical forms, and student eligibility documents.
- Act as primary contact for NFMSS compliance, eligibility, and conduct matters.

Authorization granted by (principal or head of school): \_\_\_\_\_

## 7 Communication Preferences

How does the Athletic Director prefer to receive NFMSS communications?

- Email (primary)
- Phone call
- Text / SMS
- NFMSS member portal (when available)
- Mail / physical correspondence

BEST TIME TO REACH

PREFERRED EMAIL FOR NFMSS COMMUNICATIONS

- I would like to receive NFMSS event announcements, championship updates, and membership news.
- I would like to receive NFMSS coach credentialing and professional development updates.
- I would like to receive Rising Rank Sports updates and visibility opportunities for my school.
- I would like to receive NFMSS policy, eligibility, and compliance updates.

## 8 NFMSS and Rising Rank Sports Onboarding Interests

- Our school is ready to register teams and submit rosters.
- Our school is interested in state championship participation.
- Our school is interested in national championship pathway opportunities.
- Our school is interested in coach credentialing through NFMSS.
- Our school is interested in the Certified Athletic Director (CAD) course.
- Our school is interested in the Athletic Excellence Framework™ school designation.
- Our school would like team and athlete profiles on Rising Rank Sports.
- Our school is interested in student-athlete recognition, rankings, and features.
- Our school is interested in sponsorship and community impact opportunities.
- Our school needs more information before committing to additional programs.

## 9 Compliance Acknowledgments

- The Athletic Director agrees to follow NFMSS rules, eligibility standards, conduct expectations, safety requirements, and youth protection policies.
- The Athletic Director agrees to ensure all coaches have completed required NFMSS credentialing, background checks, and code of conduct acknowledgments before participation.
- The Athletic Director agrees to obtain all required parent/guardian consents, waivers, medical forms, media releases, and profile consents before submitting student information or media.
- The Athletic Director agrees to report any eligibility issues, safety concerns, misconduct, or policy violations to NFMSS promptly.
- The Athletic Director understands that NFMSS may suspend, restrict, or terminate school access for violations of membership requirements.

## 10 School Confirmation and Signature

*By signing below, I certify that I am the authorized Athletic Director or designated athletics representative for the school listed above, that the information provided is accurate, and that I agree to fulfill the responsibilities described in this form in connection with NFMSS membership.*

ATHLETIC DIRECTOR PRINTED NAME

TITLE

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SCHOOL NAME \_\_\_\_\_ DATE \_\_\_\_\_

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SIGNATURE \_\_\_\_\_ EMAIL \_\_\_\_\_

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**SECTION 11 — NFMSS INTERNAL USE ONLY — DO NOT DISTRIBUTE**

FORM RECEIVED BY \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

MEMBERSHIP ID ASSIGNED \_\_\_\_\_ ACCOUNT STATUS \_\_\_\_\_

INTERNAL NOTES \_\_\_\_\_

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