



National Federation of Middle School Sports

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Private / registered-school onboarding form: Intended for approved or onboarding NFMS member schools. Complete by the Athletic Director, Principal, Head Coach, or authorized school representative. Not a public website form.

Coach Contact Form

1 School Information

School Name	_____
School District / Network	_____
School Address	_____
City / State / ZIP	_____
Main School Phone	_____
School Website	_____
Athletic Director Name	_____
Athletic Director Email / Phone	_____

2 Team and Sport Information

Sport	_____
Team Level / Division	<input type="checkbox"/> 6th Grade <input type="checkbox"/> 7th Grade <input type="checkbox"/> 8th Grade <input type="checkbox"/> JV <input type="checkbox"/> Varsity <input type="checkbox"/> Other
Boys / Girls / Coed	<input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/> Coed
Season / School Year	_____
NFMS Event(s)	_____
State / Region	_____
Team Name / Mascot	_____

3

Primary Head Coach Information

Head Coach Full Name	_____
Title / Role	_____
School Email	_____
Personal / Alternate Email	_____
Mobile Phone	_____
Office Phone	_____
Best Time to Contact	_____
Preferred Contact Method	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> School AD <input type="checkbox"/> Other

4

Assistant Coach / Team Staff Contact Directory

List all assistant coaches, team managers, statisticians, volunteers, or adult team staff who may assist with NFMSS-related events or communications.

NAME	ROLE	EMAIL	PHONE	BG CHECK	YS TRAINING
				<input type="checkbox"/> Done <input type="checkbox"/> Pending	<input type="checkbox"/> Done <input type="checkbox"/> Pending
				<input type="checkbox"/> Done <input type="checkbox"/> Pending	<input type="checkbox"/> Done <input type="checkbox"/> Pending
				<input type="checkbox"/> Done <input type="checkbox"/> Pending	<input type="checkbox"/> Done <input type="checkbox"/> Pending
				<input type="checkbox"/> Done <input type="checkbox"/> Pending	<input type="checkbox"/> Done <input type="checkbox"/> Pending
				<input type="checkbox"/> Done <input type="checkbox"/> Pending	<input type="checkbox"/> Done <input type="checkbox"/> Pending
				<input type="checkbox"/> Done <input type="checkbox"/> Pending	<input type="checkbox"/> Done <input type="checkbox"/> Pending

5

Coaching Credentials and Experience

Years Coaching	_____
Current School Role	_____
Certifications	_____
CPR / First Aid Current?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Expiration Date: _____
Concussion Training Current?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Date Completed: _____
Other Training	_____

6 Background Check and Compliance Status

- Head coach has completed or will complete an NFMSS-approved background check if required.
- Assistant coaches and adult team staff have completed or will complete background checks if required.
- Coach understands that NFMSS may deny event credentials, field/court access, or team bench access if required screening is incomplete.
- Coach understands that NFMSS may require youth protection training, code of conduct acknowledgment, and event compliance forms before participation.

Background Check Provider	_____
Date Submitted / Completed	_____
Status	<input type="checkbox"/> Cleared <input type="checkbox"/> Pending <input type="checkbox"/> Not Submitted <input type="checkbox"/> Not Required <input type="checkbox"/> Needs Review

7 Youth Safety and Conduct Acknowledgments

- I will follow all NFMSS youth protection policies, codes of conduct, event rules, school rules, and venue rules.
- I will maintain appropriate professional boundaries with middle school student-athletes.
- I will not engage in one-on-one private interactions with minors unless permitted by policy and appropriately observable or interruptible.
- I will use appropriate communication channels with student-athletes and parents/guardians.
- I will report injuries, suspected concussions, misconduct, abuse, neglect, bullying, harassment, hazing, or safety concerns promptly to the appropriate school, event, NFMSS, or legal authority.
- I understand that violation of NFMSS policies may result in removal from an event, loss of credentials, suspension, termination of role, reporting, or other action.

8 Team Communication Responsibilities

- Coach will help ensure team rosters, schedules, scores, and event information submitted to NFMSS are accurate.
- Coach will help ensure required parent/guardian consent forms, waivers, concussion forms, media releases, and athlete profile consents are completed when applicable.
- Coach will communicate NFMSS rules, deadlines, event procedures, and conduct expectations to athletes and parents/guardians.
- Coach will coordinate with the Athletic Director or authorized school representative before submitting official information to NFMSS or Rising Rank Sports.

9 Rising Rank Sports Media, Rankings, and Profile Coordination

Rising Rank Sports is a connected media, rankings, athlete profile, team profile, statistics, highlight video, and recognition platform designed to provide year-round visibility for middle school athletes, teams, coaches, and schools.

- Coach is authorized to submit team information to Rising Rank Sports only with school approval and required parent/guardian consent.
- Coach may assist with submitting schedules, rosters, statistics, scores, highlights, photos, or athlete recognition information when authorized.
- Coach understands that minor athlete information, photos, videos, rankings, and profiles may require parent/guardian consent before publication.
- Coach understands that sponsor-branded or public recognition content must follow NFMSS and Rising Rank Sports policies.

10 Authority and Limitations

Completion of this form does not automatically authorize the coach to bind the school financially, approve membership, approve sponsorships, waive legal rights, sign contracts, or make final eligibility determinations unless the school has separately granted that authority in writing. NFMSS may require Principal or Athletic Director approval for official decisions.

11 Emergency / Event Day Contact

Primary Event-Day Contact Name	_____
Role	_____
Mobile Phone	_____
Backup Contact Name	_____
Backup Contact Phone	_____

12 Coach Certification and Signature

By signing below, I certify that the information provided is accurate to the best of my knowledge. I understand and agree to follow NFMSS policies, youth safety standards, conduct expectations, event rules, and school requirements. I understand that failure to comply may result in removal, suspension, denial of credentials, or other action deemed appropriate by NFMSS or the school.

COACH PRINTED NAME

DATE

COACH SIGNATURE

EMAIL

13 Athletic Director / Principal Approval

Approved By	_____
Title	<input type="checkbox"/> Principal <input type="checkbox"/> Athletic Director <input type="checkbox"/> Authorized Administrator <input type="checkbox"/> Other
Signature	_____
Date	_____

SECTION 14 — NFMSS INTERNAL USE ONLY — DO NOT DISTRIBUTE

Received By	_____
Date Received	_____
Coach Contact Added to System?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Background Check Verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Not Required
Youth Protection Training Verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Not Required
Approved for Event Credentials?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Restricted
Notes	_____