



National Federation of Middle School Sports

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www.nfmss.org • info@nfmss.org • (404) 477-8781

Private / registered-school onboarding form: Complete only by an approved NFMS member school, Athletic Director, Principal, Head Coach, or authorized school representative. Not intended for public use.

Team Registration Form

1 School Information

School Name	_____
School District / Network	_____
School Address	_____
City / State / ZIP	_____
County	_____
School Phone	_____
School Website	_____
NFMS Membership Status	<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Renewal <input type="checkbox"/> Other: _____

2 Team 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: _____
Team Gender / Category	<input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/> Coed <input type="checkbox"/> Other: _____
Season / School Year	_____
Team Name / Mascot	_____
Primary Team Colors	_____
Home Facility / Field / Court	_____

Expected Number of Athletes	_____
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3 Championship and Event Participation

- This team is registering for regular NFMSS school membership participation.
- This team is requesting eligibility for NFMSS State Championship participation.
- This team is interested in National Championship pathway opportunities.
- This team is interested in showcases, combines, jamborees, or special NFMSS events.
- This team is not currently requesting championship participation.

REQUESTED NFMSS EVENT / CHAMPIONSHIP

PREFERRED REGION / STATE COMPETITION AREA

4 Athletic Director / School Athletics Contact

Athletic Director Name	_____
Title	_____
Email	_____
Direct Phone	_____
Preferred Contact Method	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> School Office

5 Coaching Staff

ROLE	NAME	EMAIL	PHONE	BG CHECK
Head Coach				<input type="checkbox"/> Complete <input type="checkbox"/> Pending
Assistant Coach				<input type="checkbox"/> Complete <input type="checkbox"/> Pending
Assistant Coach				<input type="checkbox"/> Complete <input type="checkbox"/> Pending
Team Administrator				<input type="checkbox"/> Complete <input type="checkbox"/> Pending
Other				<input type="checkbox"/> Complete <input type="checkbox"/> Pending

Team Roster

Attach additional sheet if needed

List all student-athletes seeking NFMSS participation. NFMSS may require grade, age, eligibility, and parent/guardian documentation before final approval.

#	STUDENT-ATHLETE NAME	GRAD E	DOB	JERSE Y	POSITION	PARENT FORMS	MEDIA CONSENT
1						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
6						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
7						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
8						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
9						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
11						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
12						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
13						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
14						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
15						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Eligibility Certification

- The school certifies that all student-athletes listed are enrolled at the school or otherwise approved under applicable NFMSS eligibility rules.
- The school certifies that all student-athletes listed meet grade-level and age/eligibility requirements for the requested sport or division.
- The school understands that NFMSS may request additional documentation to verify eligibility, grade level, roster status, or school authorization.
- The school agrees not to submit false, misleading, incomplete, or unauthorized roster information.

ELIGIBILITY NOTES / EXCEPTIONS

8 Required Parent / Guardian and Athlete Forms

- Parent / Guardian Consent Forms have been collected or will be collected before participation.
- Waiver and Release of Liability Forms have been collected or will be collected before participation.
- Concussion Acknowledgment Forms have been collected or will be collected before participation.
- Medical / Emergency Contact information has been collected or will be collected before participation.
- Minor Media Release Forms have been collected for athletes who will appear in photos, video, or publicity content.
- Athlete Profile Consent Forms have been collected for athletes whose profiles, stats, rankings, or highlights may appear on Rising Rank Sports.

9 Rising Rank Sports Visibility

Rising Rank Sports is a connected media, rankings, athlete profile, team profile, statistics, highlight video, and recognition platform. Public display of minor information, images, videos, statistics, rankings, and profile content may require parent/guardian consent and school authorization.

- The team is interested in a Rising Rank Sports team profile.
- The team is interested in athlete profiles for eligible student-athletes with parent/guardian consent.
- The team is interested in submitting scores, statistics, photos, highlights, and recognition content.
- The team does not want Rising Rank Sports visibility at this time.

AUTHORIZED PERSON FOR RISING RANK SPORTS SUBMISSIONS

10 Uniforms, Equipment, and Game-Day Information

Home Uniform Color _____

Away Uniform Color	_____
Helmet / Jersey / Short Color Notes	_____
Equipment Provided By	<input type="checkbox"/> School <input type="checkbox"/> Team <input type="checkbox"/> Parents <input type="checkbox"/> Other: _____
Athletic Trainer Available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Event-Provided <input type="checkbox"/> Unsure

11 Schedule and Competition Information

Regular Season Start Date	_____
Regular Season End Date	_____
Current League / Conference	_____
Home Game Day(s)	_____
Available for Weekend Events	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited
Schedule Uploaded / Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Available Yet

12 Compliance Acknowledgments

- The team will follow NFMS rules, event rules, school policies, venue policies, and youth safety requirements.
- All coaches and team adults must comply with the NFMS Coach / Volunteer Code of Conduct and youth protection expectations.
- All spectators connected to the team must comply with the NFMS Spectator Code of Conduct.
- The team understands that misconduct, eligibility violations, unpaid fees, false information, or safety concerns may result in denial, suspension, disqualification, or removal.
- The school/team understands that NFMS may request additional documents before championship approval.

13 Authorized School Certification

By signing below, the authorized school representative certifies that the information submitted in this Team Registration Form is accurate to the best of their knowledge, that they have authority to submit this form on behalf of the school/team, and that the team agrees to follow NFMS requirements.

AUTHORIZED REPRESENTATIVE NAME

TITLE

EMAIL

PHONE

SIGNATURE

DATE

14 Principal / Athletic Director Approval

- Principal approval is attached or on file.
- Athletic Director approval is attached or on file.
- School Membership Agreement is signed or pending.
- Team registration fee / membership fee is paid or invoiced.

PRINCIPAL NAME / SIGNATURE

DATE

ATHLETIC DIRECTOR NAME / SIGNATURE

DATE

SECTION 15 — NFMSS INTERNAL USE ONLY — DO NOT DISTRIBUTE

Received By	_____
Date Received	_____
Team Status	<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Needs Follow-Up
Sport / Division Approved	_____
Roster Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Forms Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Payment Status	<input type="checkbox"/> Paid <input type="checkbox"/> Invoiced <input type="checkbox"/> Pending <input type="checkbox"/> Waived/Scholarship
NFMSS Reviewer Notes	_____
Approved By	_____
Approval Date	_____

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