



# Membership Benefits

## Insurance Coverage

- Excess General liability; Additional Umbrella coverage for coaches who have earned the Accredited Interscholastic Coach (AIC) credential –go to [www.nfhslearn.com](http://www.nfhslearn.com) for more information on AIC.
- Excess Accident Medical
- Covered coaches are those who are individual members of the NFHS Coaches Association or members through a state coaches' association that has 100% membership in the NFHS Coaches Association.
- Coverage applies to all levels of coaching (youth, recreational, adult and collegiate) in sports recognized by the state high school association
- For more information regarding insurance coverage, go to [www.dissingerreed.com/](http://www.dissingerreed.com/)

NFHS Spirit Coaches PLEASE NOTE: The insurance coverage will be extended to NFHS spirit coaches only while participating in activities sponsored and approved by the school which employs or contracts with the NFHS Spirit Coaches. No coverage will be afforded to the NFHS Spirit Coaches for outside competitions, all-star events or activities that are not recognized by the participating school.

## Resources

*NFHS Coaching Today* online Magazine

Exclusive Online Educational Content

- Searchable NFHS Rules/Case Books Database
- Other Exclusive NFHS Educational Materials
- NFHS rules and case books are available for sale as e-books.

## Awards Program

National awards and recognition for state, sectional and national levels, plus NFHS Coach Contributor and NFHS Coach Citation. Award recipients are nominated by their respective state associations.

## NFHS Committees

Eligible for representation on NFHS sport rules committees and standing committees. Nominations are submitted to the NFHS by the coach's state high school association.

## Mission

The mission of the NFHS Coaches Association is to enhance the professional development of all high school sports coaches in order to improve interscholastic athletics in America.

NOTE: The NFHS Coaches Association individual membership period is one calendar year from the date the properly completed application and fees are received by the NFHS.



Take Part. Get Set For Life.™

# NFHS COACHES ASSOCIATION INDIVIDUAL MEMBERSHIP APPLICATION

Return this portion with payment

\*Required Fields  New Member  Renewal Member ID# \_\_\_\_\_

\*First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ \*Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
(as it appears on your drivers license) (Jr., III, etc.)

School/League Name: \_\_\_\_\_

School/League Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

\*Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ \*Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ \*E-Mail Address: \_\_\_\_\_

\*Home Address: \_\_\_\_\_ \*City: \_\_\_\_\_

\*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_ Country: \_\_\_\_\_

\*Preferred Mailing Address:  Home  School/League

For Insurance Purposes:

Birthdate: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female

COACHES ASSOCIATION ONLY .....\$35.00  COACHES & OFFICIALS Combined Membership.....\$70.00

Total Amount Enclosed: \$ \_\_\_\_\_ (Residents of foreign countries add \$9.00 mailing cost)

Check / Money Order  MasterCard  VISA  American Express (No purchase orders accepted)

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Card security code: \_\_\_\_\_  
(call your merchant card provider for location of code)

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**For insurance purposes, the following information is required:**

I work primarily in:  High School  Junior High/Middle  College  Youth League  Elementary  
I am still actively involved in the sports of (check as many as apply):

- |                                   |                                     |  |   |  |  |
|-----------------------------------|-------------------------------------|--|---|--|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Baseball   | <input type="checkbox"/> Basketball      | <input type="checkbox"/> Cross Country    | <input type="checkbox"/> Boys Gymnastics | <input type="checkbox"/> Soccer        |
| <input type="checkbox"/> Tennis   | <input type="checkbox"/> Wrestling  | <input type="checkbox"/> Field Hockey    | <input type="checkbox"/> Girls Gymnastics | <input type="checkbox"/> Softball        | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Golf     | <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Swimming/Diving | <input type="checkbox"/> Volleyball       | <input type="checkbox"/> Lacrosse        | <input type="checkbox"/> Spirit        |
|                                   |                                     |  |   |  | <input type="checkbox"/> Other _____   |

Mail payment to:  
**NFHS**  
**PO Box 690, Indianapolis, IN 46206**  
For further information call **317-972-6900**  
www.nfhs.org

**Applications received by the NFHS lacking required information or complete payment will be returned.**

You can join or renew online at  
www.nfhs.org. Click "Join or Renew"