

East Coast
Spring Football League



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Verification Requirements

The East Coast Spring Football League will be using National Sports ID (NSID), an online player verification site, to have all players certified to play in the league. It will require parents to upload certain documents onto the system as well as submit document to their respective organization. If you have any issues while on the site, you are encouraged to use their Live Help.

Football Levels ~ Age Cutoff Date ~ March 1st

10 under (Developmental)

cannot turn 11 before March 1, 2022

12 under

cannot turn 13 before March 1, 2022

14 under (NO High School)

cannot turn 15 before March 1, 2022

15 under

cannot turn 16 before March 1, 2022

~ VERY IMPORTANT ~

A player will be verified once ALL documents have been signed, uploaded and the online \$10 National Sports ID fee has been paid.

Document Uploads For Player Verification

In order for your child/children to participate in the Spring football league, the following documents must be uploaded to the National Sports ID online player verification website. You will receive an email link from your coach or team manager to complete this process. This can be done via your phone, laptop or desktop.

- * Clear Headshot (no helmets, hoodies, hats, etc.)
- * Original Copy of Birth Certificate, current Passport or State ID
- * Most Recent Report Card/Progress Report showing player's name, school name and grade
- * Physical Form (see attached) or most recent, up to date physical (see attached)

National Sports ID Payment & Online Documents

The yearly payment via National Sports ID is \$10. This payment is not due to your organization but must be paid online via the NSID site. If you already created an account within the year, you will not have to pay the \$10 but will have to join the new team in this league and sign the waiver.

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2022 Participant Contract & Parental Consent
(complete & return)

Association Name _____

Legal Name of Participant (must match original birth certificate):

Player's Name _____

Address _____

City _____ State _____ Zip Code _____

Players No. _____ Birth Date: _____ Gender: ___ Male ___ Female

School _____ Grade Level _____

Parent/Guardian Name _____

Relationship to Player _____

Address (if different from above)

City _____ State _____ Zip Code _____

Telephone No. _____

Email _____

Emergency Contact (if parent/guardian cannot be reached)

Name _____

Relation to Athlete _____

Home Telephone No. _____

Cell or Work No. _____



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Web & Social Media Release Form

(complete & return)

Association Name _____

_____ has my permission to
(organization)

have _____ name and photograph
(players name)

posted on the East Coast Spring Football League electronic media, including but not limited to web pages and social media such as Twitter, YouTube, Facebook and/or Instagram pages for the 2022 East Coast Spring Football season.

Parent/Guardian Signature

Player's Signature



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2022 Physical Form
(get completed and/or upload
current physical on NSID)

Association Name _____

THIS SECTION MUST BE COMPLETED ONLY BY A LICENSED MEDICAL PROFESSIONAL

Name of Participant _____

Height _____	Cardiovascular _____
Ears _____	Dermatological _____
Respiratory _____	Eyes _____
Musculoskeletal _____	Nose & Throat _____
Weight _____	Neurological _____
Mouth _____	Blood Pressure _____

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in the East Coast Spring Football League. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in the East Coast Spring Football League activities for the 2022 season. I am therefore clearing this individual for athletic participation without limitation.

Please indicate medical profession (M.D., D.O., R.N., etc.) _____

Are you licensed in your state to perform physical examinations? YES NO

Dated _____

**Please sign and complete the following information and place
Official Medical Practice Stamp**

Doctor's Name _____

Address _____

City _____

State _____

Zip Code _____

Phone (_____) _____

Signature _____

STAMP HERE