

2026 LCYF REQUIRED ATHLETIC PARTICIPATION FORMS

All athletes must have the following forms on file prior to participation.

Athlete Name: _____ Grade: _____

- Physical Evaluation Clearance Form, Sports Medicine Emergency Info & Consent, Informed Consent & Code of Conduct, Release & Liability Waiver, and Concussion Form.

- Registration Fee, Gear Deposit (football) and/or uniform fee (cheer)

Documents are available to view at [Forms | lcyfootball](https://www.lcyfootball.net/cobrasforms)
(www.lcyfootball.net/cobrasforms).

**Return this sheet and all of the required forms in this packet via
email to:**

Football: lcycobras@gmail.com

Cheer: longviewcobrascheer@gmail.com

before season Parent meetings!

**Please do NOT hand in forms individually –
Coaches are NOT allowed to collect paperwork.**

Any questions can be directed to:

Football: Julie (secretary) at lcycobras@gmail.com

or

Cheer: Trista (cheer coordinator) at
longviewcobrascheer@gmail.com

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

 Medically eligible for certain sports

- Not medically eligible pending further evaluation
- Not medically eligible for any sports Recommendations:

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

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Longview Cobras Youth Football & Cheer
Sports Medicine Emergency Information and Consent

Student's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Alternate Emergency Contact Name: _____ Relationship: _____

Address: _____ Phone: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

First, Try: Parent/Guardian Alternate Emergency Contact
Then, Try: Parent/Guardian Alternate Emergency Contact

STUDENT'S MEDICAL INFORMATION

Primary Doctor: _____ Phone: _____

Current Medications: _____

Known Allergies: _____

Other Medical Conditions: (asthma, diabetes, previous head injuries, etc.)

Restrictions: _____

Name of Medical Insurance Company or Plan: _____

Policy Number: _____ Is plan an HMO? _____ Yes _____ No

If plan is an HMO, what is your primary care facility? _____

This Medical Information for _____ is correct to the best of my knowledge, and has permission to engage in all prescribed activities, except as indicated as "restrictions" previously stated on this document. In the case of any emergency where I cannot be reached, I hereby grant permission to Longview Cobras Youth Football and Cheer staff, assigned physicians and/or their consulting physician to render my child any treatment, medical or surgical care that they deem reasonably necessary to ensure the health and well-being of my child named above. I also hereby authorize Longview Cobras Youth Football and Cheer coaches to render to my child any preventative, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to the health and well-being of my child named above.

Parent/Guardian Signature: _____ Date: _____

LONGVIEW COBRAS YOUTH FOOTBALL & CHEER

2026 INFORMED CONSENT, CODE OF CONDUCT & CHEER SAFETY AGREEMENT

In order for the student to participate in LCYF activities, he/she must comply with the code of conduct. When an athlete fails to comply with the terms of the athletic code, he/she cannot participate.

I/We, as parents, have read the Longview Cobras Code of Conduct and the Informed Consent form(s) on the Longview Cobras Youth Football & Cheer website. We understand the rules and regulations stated therein, as well as the consequences should we or our child not abide by the Code of Conduct and Informed Consent. I/We grant permission for our child to participate in the program with Longview Cobras Youth Football & Cheer.

Parent/Legal Guardian _____ Date _____

Athlete Code of Conduct Agreement:

I have read the Longview Cobras Youth Football & Cheer Code of Conduct and understand the information contained therein. I agree to abide by the rules and regulations stated therein and understand the penalties that I would be subject to if I do not adhere to those provisions.

Student Name: _____

Student Signature _____ Date _____

Athlete Cheer Safety Agreement:

I have read the Longview Cobras Youth Cheer Expectation form and understand the information contained therein. I agree to abide by the rules and regulations stated therein and understand the penalties that I would be subject to if I do not adhere to those provisions.

(mark N/A if not applicable).

Student Name: _____

Student Signature _____ Date _____

RELEASE AND WAIVER OF LIABILITY

This Release is by the party signing below (herein referred to as "Releasor"), and is given to **Longview Cobras Youth Football and Cheer** and each of their respective subsidiaries, affiliates, divisions, owners, officers, agents, board members, employees, consultants, grantors, sponsors, agents, legal representatives, administrators, assigns, heirs, executors, those for whom each is acting and those acting with any of their authority and permission (collectively as "Releasees").

Initial _____ **RELEASE OF ALL CLAIMS.** Releasor, being of lawful age (or, in the case of a minor, through his/her parent or guardian), in consideration of being permitted to participate in the football and cheer program, including football games, practices, workouts, camps and clinics, jamborees, scrimmages, stunt training, and post-season competitions (collectively and individually, the "Season"), hereby releases and discharges Releasees from all present and future liabilities, debts, obligations, costs, expenses, damages, losses, charges, judgments, executions, liens, claims, demands, actions or causes of action of whatever nature or description, in equity or at law, whether caused in whole or in part by the Releasees or any other person or thing during the Season while Releasor is present, which the Releasor or his/her child or ward (each a "child"), family, estate, heirs, representatives, executors, administrators, successors or assigns (collectively, "Related Parties") may have, whether known or unknown, suspected, asserted or not asserted, arising out of participation by the Releasor or his/her child in the Season, and agrees that Releasees are not responsible for any of the foregoing arising out of the Season, even if caused by their ordinary negligence. The Releasor understands, acknowledges, and accepts that this Release and Waiver is intended to be binding on the Releasor and anyone related to Releasor.

Initial _____ **RISKS ACCEPTED, MEDICAL TREATMENT.** The Releasor further understands, acknowledges, and accepts that participation in the Season involves certain inherent risks, including, but not limited to, property damage, economic loss, and serious bodily injury (including death), and agrees that the Releasor or his/her child is voluntarily participating in the Season with full knowledge of the risks involved and accepts all risks of participation. The Releasor declares that the Releasor or his/her participating child is physically fit and has the requisite skill level to participate in the Season. The Releasor authorizes **Longview Cobras Youth Football/Cheer** to provide medical treatment to the Releasor or his/her child, at the Releasor's cost, should the need arise. The Releasor understands, acknowledges, and accepts that he or she must provide his/her own medical insurance for the participant.

Initial _____ **GRANT OF PUBLICITY RIGHTS.** The Releasor further grants the Releasees the right, but does not otherwise impose the obligation, to photograph, videotape and/or otherwise use the Releasor and/or his or her participating child's name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials, free of charge without reservation or limitation.

The Releasor understands, acknowledges, and accepts that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the state(s) in which the Season is taking place and agrees that if any portion of this Release and Waiver is invalid, the remainder will continue in full legal force and effect.

Signature: _____ **Date:** _____

Name (please print): _____ **Phone:** _____

Participant Name (please print): _____ **Participant Age:** _____

League Name: Longview Cobras Youth Cheer

2026 PARENT & ATHLETE CONCUSSION & HEAD INJURY AGREEMENT

As a parent and as an athlete, it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form, you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. This form must be completed once a year for your child to be involved in athletic activities. **Parent Agreement:**

I _____ have read the Parent Concussion and Head Injury Information on the Longview Cobras Youth Football & Cheer website and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach and trainer.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian

Signature: _____ Date _____

Athlete Agreement:

I _____ have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches, trainer, and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach and trainer before returning to practice or play.

I understand the possible consequences of returning to practice/play too soon and that my brain needs time to heal.

Athlete

Signature: _____ Date _____