

MEDICAL HISTORY QUESTIONNAIRE

SWIMMERS NAME: _____

FAMILY DOCTOR _____ PHONE # _____

INSURANCE CO. _____ POLICY # _____

PLEASE CIRCLE "YES" OR "NO" AND PROVIDE ADDITIONAL DETAILS WHERE REQUESTED.

1) ARE YOU ALLERGIC TO ANY MEDICATION? NO YES IF YES, PLEASE LIST BELOW:

2) DO YOU TAKE ANY PRESCRIBED MEDICATION ON A PERMANENT OR SEMI-
PERMANENT BASIS? NO YES IF YES, PLEASE LIST BELOW

3) HAVE YOU EVER HAD OR BEEN TOLD BY A DOCTOR THAT YOU HAVE HAD ANY OF
THE FOLLOWING?

EPILEPTIC SEIZURE	YES	NO	EPILEPSY	YES	NO
DIABETES	YES	NO	ANEMIA	YES	NO
SICKLE CELL ANEMIA	YES	NO	HIGH BLOOD PRESSURE	YES	NO

IF YES ON ANY OF THESE, LIST MEDICATION BELOW:

4) DO YOU HAVE, OR EVER HAD THE FOLLOWING DISEASES?

HEART DISEASE	YES	NO
LUNG DISEASE	YES	NO
KIDNEY DISEASE	YES	NO
LIVER DISEASE	YES	NO
ASTHMA	YES	NO
HERNIA	YES	NO
CONCUSSION OR OTHER HEAD INJURY IN THE PAST 3 YEARS	YES	NO
NECK INJURY INVOLVING BONES, NERVES, OR DISCS	YES	NO
BROKEN BONES IN THE PAST 2 YEARS	YES	NO
SHOULDER INJURY OR SURGERY IN THE PAST 2 YEARS	YES	NO
BACK INJURY	YES	NO
FREQUENT BACK PAIN	YES	NO
KNEE INJURY OR SURGERY IN THE PAST 2 YEARS	YES	NO
LIGAMENT OR CARTILAGE INJURY	YES	NO
PINS, SCREWS, OR PLATES IN YOUR BODY	YES	NO
SEVERE ANKLE SPRAIN IN THE PAST 2 YEARS	YES	NO
FAINTING	YES	NO

5) DO YOU HAVE ANY OTHER CONDITIONS THAT WE SHOULD BE AWARE OF(I.E.
ULCERS,FOOD OR INSECT ALLERGIES) ? NO YES IF YES PLEASE LIST BELOW

6) PLEASE GIVE THE DATE OF YOUR LAST TETANUS SHOT: _____

THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED TRUTHFULLY TO THE BEST OF
MY KNOWLEDGE.

SIGNATURE OF PARENT

DATE

ALL PRICES ARE WITH A MINIMUM 6 MONTH CONTINUOUS PARTICIPATION. IF YOU WISH TO PARTICIPATE WITH LESS THAN 6 MONTH COMMITMENT OR ONLY MONTH TO MONTH, A \$20.00 CONVINIENCE FEE WILL BE ADDED PER MONTH. ALL SWIMMERS JOINING AFTER SEPTEMBER WILL BE SUBJECT TO THIS FEE STRUCTURE AUTOMATICALLY.

NO REFUNDS WILL BE GIVEN FOR PRE-PAYMENTOPTIONS

Coaching Fees

Method of Payment for Year (circle one)

Options	1	2	3		
	Month to Month No Commitment	Monthly 9 months minim	Quarterly 9 months minimum		
			PMT1	PMT2	PMT3
Captains	\$160.00 per month	\$140.00 per month	\$478	\$378	\$278
Lieutenant 2	\$150.00 per month	\$130.00 per month	\$451	\$351	\$251
Lieutenants	\$140.00 per month	\$120.00 per month	\$424	\$324	\$224
Sergeants	\$120.00 per month	\$100.00 per month	\$370	\$270	\$170
Recruits	\$100.00 per month	\$80.00 per month	\$313	\$213	\$113
Basic Training	\$100.00 per month	\$80.00 per month	\$313	\$213	\$113

Option 1 is only IF YOU WISH TO PARTICIPATE WITH LESS THAN 9 MONTH COMMITMENT

Options 2 and 3 are WITH A MINIMUM 9 MONTH CONTINUOUS PARTICIPATION. NO REFUNDS WILL BE GIVEN.

If you wish to pay for the entire year in advance please see Coach Cal

Captains	Maximum 6 days swim per week plus runs and Dry Lands
Lieutenants 2	Maximum 5 days swim per week plus runs and Dry Lands
Lieutenants	Maximum 4 days swim per week
Sergeants	Maximum 3 days swim per week
Recruits	Maximum 2 days swim per week
Basic Training	Maximum 2 days swim per week

**M*C*A*L 2010-2011
SHORT COURSE
TOUR OF DUTY USS MEETS**

<u>DATE</u>	<u>HOST TEAM</u>	<u>CITY, STATE</u>
September 24-26	PCST	Panama City, FL
October 23-25	HBT	Hoover, AL
November 5-7	CMSA	Mobile, AL
December 3-5	XCEL (P/F)	Brentwood, TN (9 and older only)
December 11	XCEL	Brentwood, TN (8 and under only)
January 7-9	HBT	Hoover, AL
January 14-16	MTS (P/F)	Memphis, TN(Team Travel Trip)
February 4-6	RAYS	Atlanta, GA
February 19-20	CTA	Tuscaloosa, AL
February 24-27	NAC	Nashville, TN
March	To Be announced	
April	SSA (Short Course)	
April	PCST (Long Course)	Panama City, FL

Intra-squad Meets will be held at the LJCC on the following Sundays:

Oct 10, 2010/ Nov 14, 2010/ Dec 19, 2010

Jan 30, 2011/ March 27, 2011/ May 15, 2011

There will be a nominal charge of \$10.00 to \$15.00 per swimmer, per intra-squad meet to cover rent, materials and awards for these meets. Each swimmer will swim up to 4 events. Parent participation is required to help run the meets. More information regarding the Intra-squad meets will be emailed to each family prior to each meet date.

Fee Worksheet

Anyone registering and paying Registration Fees and September Coaching Fees in full by August 15, 2010 will receive a 15% discount on September Coaching Fees.

- 1) Completed and signed "M*C*A*L Team Registration" form with the appropriate check filled out
PAYABLE TO M*C*A*L.

Registration Fees

USS Fee (each child)	\$57.00	X	_____	Total _____
Team Registration fee (each child) \$200 maximum per family	\$75.00	X	_____	Total _____
Bubble Deposit (per Family)	\$50.00	\$25.00 will be credited in Nov and \$25.00 in May if family helps w/bubble set up and storage		Total <u>\$50.00</u>

Registration Grand Total: _____

Coaching Fees	Method	Amount	
Child 1 Name _____	_____	_____	
Child 2 (10.00 off stated price) Name _____	_____	_____	
Child 3 (20.00 off stated price) Name _____	_____	_____	
			Total _____

TOTAL DUE (Registration Fees plus Coaching Fees): _____

I understand there will be a \$1.00 charge added to each individual event fee entered for each meet to help cover the expenses for coaches' travel. Also, I will be responsible for entry fees once entered in a meet even if my family member does not attend the meet for any reason, as M*C*A*L will have to pay for the fees anyway. I understand that over the course of the season, some weekend practices will be cancelled when the team is competing at meets and that there will be a shortened practice schedule during the Christmas holidays and Spring break. I understand that the LJCC is closed periodically for a number of Religious holidays. I understand that if we have paid in advance and my child decides to quit for any reason no refunds will be issued and I will be responsible for payment of any unpaid balances.

Signature _____