



# 2011 High School Seasonal Magic City Aquatic League Aquamarines Swim Team Registration

Please print legibly in all blank spaces and sign:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Returning Swimmer \_\_\_\_\_  
**Name:** \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 T- Shirt Size(s): \_\_\_\_\_  
 Birthday \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ High School : \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Address: \_\_\_\_\_

	<u>Father's Info</u>	<u>Mother's Info</u>
Name	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
E-Mail Address: (VERY IMPORTANT)	_____	_____

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Phone: \_\_\_\_\_

I agree the above information may be made public only to MCAL participants in the form of a team roster

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Mandatory Fees (no refunds issued)**

USS Seasonal Registration	\$32.00 Onetime fee (per swimmer)
MCAL Team Registration Fee	\$65.00 One time annual fee (includes latex cap, T shirt and car decal)
Coaching Fees (Sept-Oct-Nov)	\$120.00 per month

**Practice Schedule September 6- Dec 1 (while Main groups still outside)**

- Monday 6:00 -7:00 PM In indoor Pool**
- Tuesday 6:00 -7:00 PM In indoor Pool**
- Wednesday 6:00 -7:00 PM In indoor Pool**
- Thursday 6:00 -7:00 PM In indoor Pool**

**Once main groups move inside practice times will move to 7:30 to 8:30 PM**

Open to all Athletes grades 7-12 swimming at the Alabama High School Meet in December. Swimmer has option to join Main Team after December meet, but must pay \$58.00 to rejoin USS and pay \$50.00 MCAL Reg fee

\*Fee payments must be made by the 5th of each month or a \$25.00 late fee will be assessed.

**Email Coach Cal for appointments, placement and availability at  
CoachCal@mcalswim.com or call 541-4737.**

**For the Practice Schedule and other information  
Visit our website at www.mcalswim.com.**

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

# Fee Worksheet

- 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)	\$32.00	X	_____	Total_____
Team Registration fee (each child) \$200 maximum per family	\$65.00	X	_____	Total _____

**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):** \_\_\_\_\_

All fees may be sent to the following Address:

**MCAL**  
 4759 Quarter Staff Rd  
 Birmingham, Al 35223

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 and special awards. 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 the practice schedule will change due to pool availability, 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.

I agree to indemnify and hold Magic City Aquatic League and LJCC harmless from and against any claims, liabilities, actions, damage, and expenses arising in connection with participation in M\*C\*A\*L or any of its employees or coaches inactions or actions (including without limitations, M\*C\*A\*L's use of the facilities or any training services provided by M\*C\*A\*L's employees).

Signature\_\_\_\_\_



**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 24-25	HSA	Huntsville, AL
October 14-16	GPAC	Pensacola, FL
October 21-23	HBT	Hoover, AL
November 11-13	CMSA	Mobile, AL
Dec 2-3	AUB	Auburn, AL(AL HS Meet)

Intra-squad Meets will be held at the LJCC on the following Sundays:  
Sept 18, 2011, / Nov 6, 2011

There will be a nominal charge of \$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.