



Swim Lesson Application

Check or Money Order Only

W. L. Stephens

780 W Oak Forest Dr
Charleston, SC 29407

(843) 769-8261

MLK Pool

155 Jackson St
Charleston, SC 29403

(843) 724-7346

Herbert Hasell Pool

(summer only)

265 Fishburne St
Charleston, SC 29403

(843) 724-7344

James Island Pool

(summer only)

1088 Quail Dr
Charleston, SC 29412

(843) 795-5756

For More information:

www.charleston-sc.gov/aquatics

www.swimsafelowcountry.com

Participant Name _____

Age _____ Birthdate ____/____/____ Phone _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Email _____

Emergency Contact: Name _____

Phone _____

Class Requested	City Resident	Non-City Resident
____ Parent and Child	\$25	\$35
____ Preschool (3-4 years old)	\$30	\$40
____ Beginner	\$30	\$40
____ Intermediate	\$30	\$40
____ Advanced	\$30	\$40
____ Adult Beginner	\$35	\$45
____ Adult Advanced	\$35	\$45

All participants must be registered and have insurance before participating in class. ALL FEES ARE NON-REFUNDABLE.

___ I want my child insured by the policy through the Department of Recreation.

___ I have my own Insurance with _____

I, the undersigned, do hereby assume responsibility for any accident, injury or death that may result from participating in the City of Charleston's swimming program. I understand there is a risk of injury from participation, and I hereby release the City of Charleston, South Carolina, Department of Recreation, their agents, servants, and employees from suits of law, of whatsoever kind of nature.

Signature (Parent/Guardian)

Date

Office Use only: Session I II III IV Fall Spring Summer Time: _____

Received By _____ Check # _____