



823 Meeting Street  
Charleston, SC 29403

### 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

For More information:

[www.charleston-sc.gov/aquatics](http://www.charleston-sc.gov/aquatics)

[www.swimsafelowcountry.com](http://www.swimsafelowcountry.com)

# Intramural Swim Team

## Check or Money Order Only

Cost: \$40 resident / \$55 non-resident

Includes t-shirt and swim cap.

Swimmers must be able to swim the length of the pool without stopping.

Participant Name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Phone \_\_\_\_\_

Location: \_\_\_WLS \_\_\_MLK \_\_\_HH

T-Shirt Size: \_\_\_YS \_\_\_YM \_\_\_YL \_\_\_S \_\_\_M \_\_\_L \_\_\_XL

#### Parent Volunteer

\_\_\_Food Committee \_\_\_Timer \_\_\_Referee \_\_\_Coaching

\_\_\_Record Keeper \_\_\_Swim Meet Coordinator

\_\_\_Booster President \_\_\_Secretary \_\_\_Treasurer \_\_\_Other

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