



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

[www.swimsafelowcountry.com](http://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
____ StarBabies / StarTots <small>(6 months - 3years)</small>	\$25	\$35
____ Preschool (3-4 years old)	\$30	\$40
____ Swim School Beginner	\$30	\$40
____ Swim School Intermediate	\$30	\$40
____ Stroke School	\$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 # \_\_\_\_\_