



****Please submit to Ms. Julie Kim, ECP Coordinator
by email at jkim@dwight.or.kr**

EXTRA-CURRICULAR PROGRAM REGISTRATION Spring 2021

To be accepted, each application must be completed, signed, and dated by the student’s parent or legal guardian. Only completed forms with payment will be processed. Registration without a valid contact person and telephone number will not be accepted.

Name (First, Last): _____ Student ID _____

English Name if Applicable: _____ Grade (A or B): _____

Mother’s Name: _____ Mother’s Phone: _____

Father’s Name: _____ Father’s Phone: _____

Mother’s Email: _____

Your child’s preferred choice of ECP activity:

****Please include 2nd and 3rd Choices**

	Tuesday	Wednesday	Thursday
1st Choice			
2 nd Choice			
3 rd Choice			

For internal use only:

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WAIVER: I hereby authorize my child’s participation in the Dwight School Seoul Extracurricular Program. I know of no mental or physical problems which may affect my child’s ability to participate safely in this course. I consent to medical treatment of my child, in the event of emergency, as the attending school nurse may advise. I will be responsible for any medical or other charges in connection with his/her treatment or participation on the course. I realize that the program has the right to deny admission or dismiss any participant from the program. I, the undersigned, am aware that there is a certain risk of injury involved in my child’s participation in the Extracurricular Program, and by signing this document, I waive and release any and all right and claim for any damages of any sort, or any other claim or remedy of any sort I may have against Dwight School Seoul, its directors, officers, and its staff, in connection with my child’s participation in this program. My child and I agree that any pictures and video taken during the activity can be used in promotional purpose. By signing below, my child and I agree to abide by all rules, regulations, financial policies, and standards of conduct as described in the Extracurricular Program at Dwight School Seoul.

I have read the REFUND and TRANSFER policies, as well as the Rules & Cancellation policies.

Parent/Guardian Signature: _____ Date: _____

