



**\*Please submit to Ms. Julie Kim, ECP Coordinator  
by email at [ecp@dwight.or.kr](mailto:ecp@dwight.or.kr)**

## EXTRA-CURRICULAR PROGRAM REGISTRATION Fall 2021/22

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 \_\_\_\_\_ Grade (A or B): \_\_\_\_\_  
if Applicable:

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 2<sup>nd</sup> and 3<sup>rd</sup> Choices

	Tuesday	Wednesday	Thursday
1st Choice			
2 <sup>nd</sup> Choice			
3 <sup>rd</sup> 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: \_\_\_\_\_