Office Use Only:	
Class 1:	
Class 2:	

### Performing Arts Program Registration Form 2022-2023 Effective April 1, 2022

Student Information Name	
Date of Birth:	Age: Gender (circle one): Female/Male
Parent/Legal Guardia	n Information
Name:	
Relationship to child:	
Mailing Address:	
City/State/Zip	
Daytime Phone:	Home Phone:
Cell Phone:	E-mail:
Previous dance training	? No Yes If yes, please provide name
Emergency Contact I	nformation
Name:	
Relationship to child:	
Address:	
City/State/Zip	
Daytime Phone:	Home Phone:
Cell Phone:	
Does the child have any lf you answered "yes" p	pre-existing medical conditions or problems? O Yes O No lease explain:
Waises of Liability / A also	avulada aranh of Pragram Cuidalinas 9 Non Bofund Ballay
I understand that as a parent or authorize an administrator/facul activity that may be deemed as a participation in class. I will not representatives liable for any constudent is participating in an Orfees are NON-REFUNDABLE.	guardian I will be contacted if medical attention is required during class time. If I cannot be reached, I hereby ty member of OrigiNation, Inc., to arrange for treatment as necessary. Each student may decline to participate in any narmful and is responsible for informing the instructor of any physical limitations, which may prevent full hold ShapeUp with Shaumba, Inc. OrigiNation, Inc., its affiliates, its faculty, administration, employees or sts resulting from any injuries sustained or illnesses contracted or responsible for any article(s) lost or stolen while a igiNation, Inc. program, except in the case of proven negligence. Additionally, I understand that the registration c and NON-TRANSFERABLE. If my child is withdrawn from the program all monies paid will be forfeited. I read and agree to the terms and conditions of this Waiver of Liability.
	Inc. to utilize my child's photograph or video image in promotional materials for OrigiNation, Inc. through ials are defined as brochures, advertisements, the organization's official website and promotional videos.
Signature of Parent/Legal (	
For Office Use Only:	Yes No Date Receipt #

Enrollment application: Yes\_\_\_\_No \_\_\_\_ Okay to enroll? Yes \_\_\_\_No \_\_\_\_ OCAC Initial \_

### Performing Arts Program Registration Form 2022-2023

Effective April 1, 2022

#### **REGISTRATION POLICY**

#### 1. PAYMENT

- There are two options for payment:
  - o Registration is paid in **FULL** at the time of registration or
  - A **\$150 non-refundable deposit** is paid at the time of registration and parent must enroll in monthly autodebit program. The auto-debit payments are processed on the 1<sup>st</sup> of every month.
  - NO APPLICATIONS WILL BE ACCEPTED WITHOUT FULL PAYMENT OR DEPOSIT & COMPLETED AUTO DEBIT FORM.
- We accept personal checks, cash, money order, Visa, MasterCard and American Express. OrigiNation does not accept postdated checks or vouchers. There is a **\$30.00** charge for returned checks.
- The program fee includes 2 costumes for the 85-minute classes and 1 costume for the 50-minute classes for the **spring** dance concert only. The Tae Kwon Do fee includes one uniform.
- There is a \$25 discount for each sibling who is registered for the program.

#### 2. REFUND POLICY

**THERE ARE NO REFUNDS OR CREDITS.** If the student is withdrawn from the program, all monies paid for the program will be forfeited. An email must be sent to Musau Dibinga at <a href="musau@originationinc.org">musau@originationinc.org</a> to confirm withdrawal.

#### 3. CLASS ROOM RULES

- There are no visitors allowed in class without the written permission of the Senior Management Team. This includes
  parents. If the student is unable to stay in the classroom without a parent or relative, then the child is not ready to
  register for our program.
- Students arriving more than 10 minutes late for class and/or without the appropriate dance attire will not be allowed to participate for that day.
- o All students must have a clearly **LABELED** dance bag in which to store clothes, shoes, etc. OrigiNation is not responsible for lost or stolen items. Please leave all valuables at home. Students must remove any jewelry before entering class.

#### 2022-2023

Date	Event	Details	
September 10, 2022	Classes start		
October 10, 2022	OrigiNation Closed	Indigenous Peoples' Day	
October 22, 2022	OrigiNation Closed	OrigiNation Day	
November 23-November 27, 2022	OrigiNation Closed	Thanksgiving Break	
December 10, 2022	Kwanzaa Concert	3pm Kwanzaa Concert	
December 11-January 8, 2023	OrigiNation Closed	Winter Break	
January 9, 2023	Classes resume		
February 20-26, 2023	OrigiNation Closed	February School Vacation	
March 1, 2023	Registration begins	2021-2022 enrollment begins	
April 17-21, 2023	OrigiNation Closed	Spring break	
May 6, 2023	Tiny Tots Concert	3pm Location TBA	
May 13, 2023	Spring Dance Concert	3pm Location TBA	

#### **ACKNOWLEDGEMENT**

	at Thave read and understand the policies and	
Student Name	Parent Signature	

By signing below, I acknowledge that I have read and understand the policies and rules stated above



#### P.O. Box 191878 | Roxbury, MA 02119 | 617-522-3900

#### **Recurring Payment Authorization Form**

By filling out the information below, you authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:		
I author (Full Name)	ize <b>OrigiNation, Inc.</b> to charge	e my credit card or deduct
my bank account indicated below for	monthly payments of \$	on the 1 <sup>st</sup> day of each
month to settle my tuition balance of \$	for my child:	
Billing Address	Phone#	
City, State, Zip	Email	
Checking/ Savings Account	Credit C	ard
☐ Checking ☐ Savings	□ Visa □ Mast	erCard
	☐ Amex ☐ Disco	over
Name on Acct		
Bank Name	. Cardholder Name	
Account Number	. Account Number	
Bank Routing #	Exp. Date	
Bank City/State	. CVV OR CID	
Routing Number Account Number		

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify OrigiNation, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that OrigiNation, Inc. may at its discretion attempt to process the charge again within 15 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

DATE

**SIGNATURE** 

## Performing Arts Program Registration Form 2022-2023 Effective April 1, 2022

Day	Time	Class	Select
Monday	5:30 pm - 7:30 pm	Teen Class (14-18)	0
Tuesday	5:30 pm - 6:30 pm	Hip Hop Class (7-12)	0
Saturday	9:00 am – 9:50 am	Toddler Class (4)	0
	9:00 am – 10:00 am	Tae Kwon Do (7-12)	0
	10:30 am – 11:25 am	Creative Movement Class (5)	0
	10:30 am – 11:25 am	Ballet (7-10)	0
	11:45 am – 12:40 pm	Children's Hip Hop Class (5-7)	0
	11:45 am – 12:40 pm	Creative Explorations (2-3)	0
	1:00 pm – 2:30 pm	Beginner Class – Level 1 (7-10)	0
	1:00 pm – 2:30 pm	Intermediate Class - Level 1 (11-14)	0
	2:45 pm – 4:15 pm	Beginner Class Level - 2 (8-10)	0
	2:45 pm – 4:15 pm	Intermediate Class - Level 2 (12-14)	0
	4:30 pm – 6:00 pm	Beginner Class – Level 3 (9-10)	0
	4:30 pm – 6:00 pm	Intermediate Class – Level 3 (12-14)	0

# Performing Arts Program Registration Form 2022-2023 Effective April 1, 2022

### **CLASS DESCRIPTIONS**

CLASS DESCRIT HOUS			
9am Toddler Class	9am Tae Kwon Do	10:30 am Creative Movement	10:30 am Ballet Class
\$725 • Saturday • Age 4	\$725 • Saturday • Ages 7-12	\$725 • Saturday • Ages 5-6	\$725 • Saturday • Ages 7-10
This class will introduce students to all styles of dance movement and basic terminology. They Students will utilize their motor and memory skills while learning creative dance. 50 minutes.	Taught by a 4th degree Black Belt, this class teaches the basic principles of Tae Kwon Do. As each student masters a set of techniques, he/she will be tested to move up to the next rank - eventually achieving the black belt designation. 50 minutes.	This 50-minute class will introduce students to African dance, ballet, tap, and jazz by teaching hand and feet coordination, how to count music, and dance terminology.	Students will learn the basics of ballet including the five positions, master plié variations and tendus, among other level-appropriate skills. Dancers will use both barre and center floor. 50 minutes
11:45 am Creative Explorations \$725 • Saturday • Ages 3	11:45 am Children's Hip Hop \$725 • Saturday • Ages 5-7	Beginner Class \$825 • Saturday • Ages 7-10	Intermediate Class \$825 • Saturday • Ages 11-14
Through tap, jazz, stories and props, this class promotes the exploration of creativity and expression through movement, supports the development and improvement of motor skills, coordination, attention and listening skills. 50 minutes.	This class consists of a warm-up, across the floor work and hip hop choreography. 50 minutes.	This class will focus on basic terminology, technique, tap and jazz, across the floor work, and choreography.	This class will focus on tap and jazz dance, terminology, technique, across the floor work, and choreography.
Teen Class	Нір Нор		
\$825 • Monday • Ages 13-18 5:30 pm - 7: 30 pm	\$725 • Tuesday • Ages 7-12 5:30 pm - 6:30 pm		*Strikethrough indicates that the class is closed.
This 2-hour class consists of mastering advanced jazz and tap technique through warmups, across the floor and center work and choreography.	This class consists of a warm-up, across the floor work and hip hop choreography.		

REQUIRED DANCE ATTIRE			
Creative Explorations/Creative Movement (2-6)	Beginner, Intermediate, & Teen Classes (7-18)		
<ul> <li>Black cotton short sleeved leotard</li> <li>Black convertible tights</li> <li>Black ribbon tap shoes</li> <li>Hair in a bun</li> <li>Boys - plain white t-shirt, black sweatpants, black lace up tap shoes</li> </ul>	<ul> <li>Black cotton short-sleeved leotard</li> <li>Black lace up tap shoes</li> <li>Black jazz shoes</li> <li>Black convertible tights</li> <li>Black dance shorts (optional)</li> <li>Hair in a bun</li> <li>Boys - plain white t-shirt, black sweatpants, black</li> </ul>		
<u>Hip Hop Classes</u>	lace up tap shoes		
<ul> <li>Black OrigiNation t-shirt</li> <li>Plain sweat pants or dance pants</li> <li>Sneakers</li> </ul>			



#### **WAIVER AND RELEASE OF LIABILITY**

In consideration of the risk of injury while participating in dance (whether joining online classes or in-person) (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge OrigiNation, Inc. D/B/A OrigiNation Cultural Arts Center, ShapeUp with Shaumba located at 3708 Washington Street, Jamaica Plain, MA 02130, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITY ABOVE, AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE. STILL, I ARE NOT LIMITED TO PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM, AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless OrigiNation, Inc. D/B/A OrigiNation Cultural Arts Center against any claims, suits, or actions of any kind whatsoever for liability, damages, compensation, or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises under any claims made by me or by anyone else acting on my behalf. OrigiNation, Inc. D/B/A OrigiNation Cultural Arts Center incurs any of these expenses, and I agree to reimburse them. I acknowledge that OrigiNation, Inc. D/B/A OrigiNation Cultural Arts Center, ShapeUp With Shaumba, and their directors, officers, staff, volunteers, representatives, and agents are not responsible for errors, omissions, acts, or failures to act of any party or entity conducting a specific event or Activity on behalf of OrigiNation, Inc. D/B/A OrigiNation Cultural Arts Center.

I ACKNOWLEDGE THAT I CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE OrigiNation, Inc. D/B/A OrigiNation Cultural Arts Center, ShapeUp with Shaumba, AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION. I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST OrigiNation, Inc. D/B/A OrigiNation Cultural Arts Center, FOR PERSONAL INJURY OR PROPERTY DAMAGE.

If any damage to equipment or facilities occurs due to my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for all costs associated with any negligence or recklessness. This Agreement was entered at arm's length, without duress or coercion, and is interpreted as an agreement between two parties of equal bargaining strength. Both the Participant and OrigiNation, Inc. D/B/A OrigiNation Cultural Arts Center agree that this Agreement is clear and unambiguous as to its terms and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language per the purposes for which it is entered into.

If any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase, or portion of this Agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this Agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this Agreement is invalid or unenforceable but that by limiting said provision, it would become valid and enforceable, then said provision shall be deemed to be written, construed, and enforced as so limited. Additionally, I understand that the registration fees are **NON-REFUNDABLE** and **NON-TRANSFERABLE**. If my child is withdrawn from the program, all monies paid will be forfeited. I now acknowledge that I have read and agree to the terms and conditions of this enter Waiver of Liability.

Name of Child	_
Printed Name Parent/Legal Guardian	
Authorized Signature (Parent/Legal Guardian)	 Date