

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 Guardian 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 Information

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Does the child have any pre-existing medical conditions or problems?  Yes  No

If you answered "yes" please explain:

\_\_\_\_\_  
\_\_\_\_\_

## Waiver of Liability/Acknowledgement of Program Guidelines & Non-Refund Policy

I understand that as a parent or guardian I will be contacted if medical attention is required during class time. If I cannot be reached, I hereby authorize an administrator/faculty member of OrigiNation, Inc., to arrange for treatment as necessary. Each student may decline to participate in any activity that may be deemed as harmful and is responsible for informing the instructor of any physical limitations, which may prevent full participation in class. I will not hold ShapeUp with Shaumba, Inc. OrigiNation, Inc., its affiliates, its faculty, administration, employees or representatives liable for any costs resulting from any injuries sustained or illnesses contracted or responsible for any article(s) lost or stolen while a student is participating in an OrigiNation, Inc. program, except in the case of proven negligence. **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 If my child is withdrawn from the program all monies paid will be forfeited.** I hereby acknowledge that I have read and agree to the terms and conditions of this Waiver of Liability.

## Release Authorization

I hereby authorize OrigiNation, Inc. to utilize my child's photograph or video image in promotional materials for OrigiNation, Inc. through 12/31/2100. Promotional materials are defined as brochures, advertisements, the organization's official website and promotional videos.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Receipt # \_\_\_\_\_

Enrollment application: Yes \_\_\_ No \_\_\_ Okay to enroll? Yes \_\_\_ No \_\_\_ OCAC Initial \_\_\_\_\_

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## REGISTRATION POLICY

### 1. PAYMENT

- There are two options for payment:
  - 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 auto-debit 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 [musau@originationinc.org](mailto:musau@originationinc.org) 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.
- 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 22, 2022	OrigiNation Closed	OrigiNation Day
October 10, 2022	OrigiNation Closed	Indigenous Peoples' 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

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

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**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 \_\_\_\_\_ authorize **OrigiNation, Inc.** to charge my credit card or deduct  
(Full Name)

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

Checking       Savings

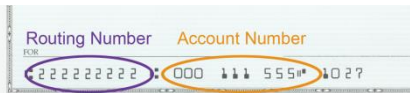
Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



#### Credit Card

Visa       MasterCard

Amex       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV OR CID \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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.

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

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## CLASS DESCRIPTIONS

<p><b>9am Toddler Class</b> \$725 • Saturday • Age 4</p> <p>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.</p>	<p><b>9am Tae Kwon Do</b> \$725 • Saturday • Ages 7-12</p> <p>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.</p>	<p><b>10:30 am Creative Movement</b> \$725 • Saturday • Ages 5-6</p> <p>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.</p>	<p><b>10:30 am Ballet Class</b> \$725 • Saturday • Ages 7-10</p> <p>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</p>
<p><b>11:45 am Creative Explorations</b> \$725 • Saturday • Ages 3</p> <p>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.</p>	<p><b>11:45 am Children's Hip Hop</b> \$725 • Saturday • Ages 5-7</p> <p>This class consists of a warm-up, across the floor work and hip hop choreography. 50 minutes.</p>	<p><b>Beginner Class</b> \$825 • Saturday • Ages 7-10</p> <p>This class will focus on basic terminology, technique, tap and jazz, across the floor work, and choreography.</p>	<p><b>Intermediate Class</b> \$825 • Saturday • Ages 11-14</p> <p>This class will focus on tap and jazz dance, terminology, technique, across the floor work, and choreography.</p>
<p><b>Teen Class</b> \$825 • Monday • Ages 13-18 5:30 pm - 7: 30 pm</p> <p>This 2-hour class consists of mastering advanced jazz and tap technique through warmups, across the floor and center work and choreography.</p>	<p><b>Hip Hop</b> \$725 • Tuesday • Ages 7-12 5:30 pm - 6:30 pm</p> <p>This class consists of a warm-up, across the floor work and hip hop choreography.</p>		<p><i>*Strikethrough indicates that the class is closed.</i></p>

## REQUIRED DANCE ATTIRE

<p><b><u>Creative Explorations/Creative Movement (2-6)</u></b></p> <ul style="list-style-type: none"> <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>• <b>Boys</b> - plain white t-shirt, black sweatpants, black lace up tap shoes</li> </ul> <p><b><u>Hip Hop Classes</u></b></p> <ul style="list-style-type: none"> <li>• Black OrigiNation t-shirt</li> <li>• Plain sweat pants or dance pants</li> <li>• Sneakers</li> </ul>	<p><b><u>Beginner, Intermediate, &amp; Teen Classes (7-18)</u></b></p> <ul style="list-style-type: none"> <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>• <b>Boys</b> - plain white t-shirt, black sweatpants, black lace up tap shoes</li> </ul>
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## **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 AFOREMENTIONED ACTIVITY 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, BUT 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 THAT 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 and all 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 pursuant to 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 types of expenses, I agree to reimburse.

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 HAVE CAREFULLY READ THIS “WAIVER AND RELEASE” AND FULLY UNDERSTAND THAT 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 AND 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 as a result of my or my family’s willful actions, neglect or recklessness, I acknowledge and agree to be held liable for all costs associated with any actions of neglect or recklessness. This Agreement was entered into at arm’s-length, without duress or coercion, and is to be 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 in accordance with the purposes for which it is entered into.

In the event that 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 to be 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.

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

OrigiNation, Inc. D/B/A OrigiNation Cultural Arts Center, has put in place preventative measures to reduce the spread of COVID-19; however, OrigiNation, Inc. D/B/A OrigiNation Cultural Arts Center cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, OrigiNation, Inc. D/B/A OrigiNation Cultural Arts Center could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending OrigiNation, Inc. D/B/A OrigiNation Cultural Arts Center and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at OrigiNation, Inc. D/B/A OrigiNation Cultural Arts Center result from the actions, omissions, or negligence of myself and others, including, but not limited to, OrigiNation Cultural Arts Center,, LLC employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at OrigiNation, Inc. D/B/A OrigiNation Cultural Arts Center or participation in programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless OrigiNation, Inc. D/B/A OrigiNation Cultural Arts Center, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of OrigiNation, Inc. D/B/A OrigiNation Cultural Arts Center, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any OrigiNation, Inc. D/B/A OrigiNation Cultural Arts Center program.

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 hereby acknowledge that I have read and agree to the terms and conditions of this enter Waiver of Liability.

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**Name of Child**

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**Printed Name Parent/Legal Guardian**

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**Authorized Signature (Parent/Legal Guardian)**

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**Date**