



**Arts & Minds Music Conservatory**  
**3138 Commodore Plaza**  
**Coconut Grove, Florida 33133**

## **CONTRACT FOR PRIVATE MUSIC INSTRUCTION**

### **I. GENERAL CONDITIONS**

- i. Lessons will be offered over the academic year in each of the instruments for which the student is registered. Students will be scheduled and notified of recurring lesson date and time after registration.

### **II. ATTENDANCE AND TARDIES**

- i. The student and parent understand and agree that lessons must run on schedule in order to not interrupt the flow of other lessons scheduled with the same teacher or in the same room. If a lesson is missed for a legitimate reason, student agrees to arrange the make-up lesson at a time that may not necessarily be the regularly-scheduled time. If for a legitimate reason the lesson cannot start on time, the lesson will not be cancelled for a period of up to the first 10 minutes. If the lesson does not materialize within the first 10 minutes, all parties agree to treat the tardy as a missed lesson and agree to arrange a make-up lesson.
- ii. Missed lessons may be made up at another time, but no refunds will be granted.
- iii. Parents agree to notify the conservatory office any time they remove a student from campus after they have checked in.

### **III. GENERAL RULES AND PROCEDURES**

- i. All students **MUST** check in at the Conservatory office for attendance purposes upon arrival for each lesson. It is the responsibility of the student to check-in and keep the conservatory informed of whereabouts at all times.
- ii. The Conservatory reserves the right to reassign a private music lesson student to a different instructor if necessary.
- iii. Parents agree not to interfere with lessons by refraining from attending lessons within the same room with the teachers and students, calling out to students in rooms or interrupting teachers in rooms while lessons are taking place.
- iv. Parents agree to remain courteous at all times and direct concerns or complaints to the director and not to teachers, other students, other parents or any other concerned personnel.

### **IV. REGISTRATION AND PAYMENT**

- i. A **non-refundable** payment totaling the first full month's lessons is required at the time of registration to secure a slot in the appropriate studio. Early payments may be made if the parent wishes to do so.
- ii. All lessons are billed and charged monthly, in advance by credit card. The parent or party responsible for the payment of the lessons agrees to a recurring charge of \$\_\_\_\_\_ per lesson. Each payment made is for a lesson totaling \_\_\_\_\_ minutes in duration. Parties agree that certain months will call for 5 lessons to be charged instead of 4.

## V. TERMINATION OR WITHDRAWAL

- i. The student may request to be released from this contract for Private Music Instruction but must provide a minimum of two (2) week's notice. In the event that notice is not given and the student does not appear for lessons, the conservatory will hold that student's place for a two-week period and the lessons will be charged as if they occurred but without the benefit of a make-up requirement on the part of the Conservatory. After two weeks of un-notified absences, the conservatory will terminate this contract and no further lessons will be charged. **NO REFUNDS WILL BE ALLOWED FOR UN-NOTIFIED MISSED LESSONS.**
- ii. The Conservatory reserves the right to terminate a student's participation for reasons including, but not limited to, poor behavior, theft or vandalism, use of inappropriate language, defiance or disrespect, fighting or any other behavior or action deemed by the Conservatory director to justify removal.

### Agreement

I have read, received a copy of, and agree to be bound by the terms and conditions of this contract for private music instruction through the Arts & Minds Music Conservatory. I fully understand that *Arts & Minds Conservatory* is an independent agent and that failure to abide by this contract will result in termination of this agreement and membership in the conservatory will be revoked immediately.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date



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### **STUDENT REGISTRATION**

Student Name \_\_\_\_\_ Instrument \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
DOB \_\_\_\_\_ Email \_\_\_\_\_  
School Currently Attending \_\_\_\_\_  
Grade \_\_\_\_\_ Are there any siblings in the conservatory? ☐ Yes ☐ No

### **PARENT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Legal Guardian? ☐ Yes ☐ No Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email: \_\_\_\_\_

### **BILLING INFORMATION AND AUTHORIZATION**

Name Exactly On Credit Card \_\_\_\_\_

Credit Card Type:      VISA              MASTER CARD              DISCOVER

No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Lesson Selection (please initial one only):

_____ .5 Private	_____ 1.0 Private	_____ Group/Elementary
\$35.00 Per Lesson	\$50.00 Per Lesson	\$25.00 Per Session

Please Note: Lessons are billed once per month on the 28<sup>th</sup> day of each month. Depending on the day of week assigned, certain months will be billed for five lessons.

I hereby authorize Arts & Minds Conservatory of Music to charge the above credit card for the music lessons selected above. I understand that the Conservatory will be billing on a monthly basis and I agree to pay according to the terms of the creditor and the Contract For Private Music Instruction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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### **EMERGENCY CONTACT INFORMATION**

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

Parent/Guardian Name \_\_\_\_\_

In case of emergency, who should we contact?

Contact 1: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relation \_\_\_\_\_ Work Phone \_\_\_\_\_

Contact 2: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relation \_\_\_\_\_ Work Phone \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number \_\_\_\_\_

Please note any allergies (including allergies to medicines) that we should be aware of in case of emergency:

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Please list any medications taken regularly or medical history of concern:

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Insurance Company \_\_\_\_\_

Policy Number or Group Number \_\_\_\_\_

Principal Insured \_\_\_\_\_



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### **AUTHORIZATION FOR EMERGENCY TREATMENT**

I, \_\_\_\_\_, hereby certify that I  
am the legal parent or guardian of \_\_\_\_\_.

In case of an emergency while I am absent, I hereby authorize medical treatment to be provided to my child by emergency services as necessary for their safety and well-being while under the supervision of the Arts & Minds Music Conservatory.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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### **HOLD HARMLESS AGREEMENT**

I, \_\_\_\_\_, Parent of

\_\_\_\_\_ fully understand that my child's participation in music lessons or field trips with the Arts & Minds Music Conservatory may expose him/her to unforeseen risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily allowing my child to participate in all events and agree to assume any such risks.

I hereby release, discharge and agree not to sue Arts & Minds Music Conservatory for any injury, death or damage to or loss of personal property arising out of or in connection with my child's participation in any event from whatever cause, including the active or passive negligence of Arts & Minds Conservatory staff or any other participants of the Conservatory.

In consideration for being permitted to participate in the Conservatory, I hereby agree, for my child, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless Arts & Minds Music Conservatory from any and all claims, demands, actions or suits arising out of or in connection with my child's participation in any of the conservatory's events.

I give permission to authorize personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for my child, and also permit such treatment procedures to be carried out at, and by the local hospital(s) for my child in the event of an emergency. I understand that any medical expenses will be billed directly to me or my insurance company.

I agree to permit Conservatory staff, agents and other guests to take photographs and/or videotape during Conservatory events and field trips without further recourse. I understand that such photographic images, video, or audio recording of my child may be used for commercial and/or promotional purposes.

Minor's Name \_\_\_\_\_ Age \_\_\_\_\_

#### **PARENT/GUARDIAN CONSENT (required if participant is younger than 18 years of age)**

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS, AGREEMENT NOT TO SUE AND PHOTOGRAPHY RELEASE, AND FULLY UNDERSTAND ITS CONTENTS. I am aware that it is a full release of all liability and I sign it freely. As parent or guardian of this minor, I grant permission for him/her to participate in all Arts & Minds Music Conservatory events or field trips.

Parent/Legal Guardian Signature \_\_\_\_\_

Print \_\_\_\_\_ Date \_\_\_\_\_