AUDIRE
ACADEMY OF ARTS
HEAR IT. LEARN IT. CREATE IT.

STUDENT/PARENT REGISTRATION AGREEMENT

Complete this agreement for each student enrolled with Audire Academy of Arts.

Effective Date: _____

STUDENT INFORMATION

Student Full Name: _____

Date of Birth: _____

Program: _____

Preferred Class/Session: _____

PARENT / LEGAL GUARDIAN INFORMATION (required for students under 18)

Parent/Guardian Name: _____

Relationship to Student: _____

Phone: _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

1. REGISTRATION

I am registering the student identified below for an educational program offered by Audire Academy of Arts. I understand that registration is subject to availability and that a place is not secured until Audire confirms enrollment and any required payment has been received.

2. ACCURACY OF INFORMATION

I confirm that the information provided in this agreement is accurate and complete. I agree to notify Audire promptly if contact, emergency, health/safety, or other relevant information changes.

3. TUITION AND PAYMENTS

I understand that tuition and other applicable fees are due according to the payment schedule provided by Audire. For monthly programs, tuition generally reserves the student's place in the program for the applicable enrollment period. Tuition is generally non-refundable except where the Cancellation & Refund Policy provides otherwise or applicable law requires otherwise.

4. ATTENDANCE

I agree to notify Audire when the student will be absent whenever reasonably possible. I understand that student absences do not automatically create a right to a refund, credit, or make-up lesson and that any make-up opportunity is subject to availability and Academy approval.

5. CONDUCT

I agree that the student will behave respectfully toward instructors, staff, other students, visitors, and Academy property. I understand that serious or repeated misconduct may result in suspension or termination of enrollment.

6. EQUIPMENT AND FACILITIES

I understand that the student may use instruments, computers, software, recording equipment, or other Academy resources and agrees to follow instructor and safety instructions and use Academy property responsibly.

7. MINORS AND PICK-UP

If the student is under 18, I understand that I am responsible for ensuring appropriate transportation and pick-up arrangements. Unless Audire expressly agrees otherwise in writing, Audire does not provide transportation to or from Academy activities.

8. EMERGENCY AUTHORIZATION

In the event of an emergency involving the student, I authorize Audire to take reasonable steps to obtain appropriate emergency assistance and to contact the emergency contact listed below. Where appropriate, Audire may contact emergency services.

9. HEALTH AND SAFETY INFORMATION

I agree to provide Audire with information that is reasonably necessary to support the student's safe participation in Academy activities. Relevant information should be provided below and updated when circumstances change.

10. PHOTOGRAPHY AND RECORDING

I understand that Audire may photograph or record Academy activities for educational, administrative, archival, or promotional purposes. I have indicated below whether I consent to optional promotional use involving the student.

11. STUDENT CREATIVE WORK

I understand that students may create recordings, compositions, performances, designs, or other original work. Student rights remain subject to applicable law, third-party rights, and any separate written agreement. I understand that Audire may request permission to showcase student work for educational or promotional purposes.

12. POLICIES

I confirm that I have reviewed and agree to comply with Audire's Terms & Conditions, Cancellation & Refund Policy, student conduct expectations, and other applicable Academy policies.

HEALTH / SAFETY INFORMATION

Relevant information Audire should know: _____

PHOTOGRAPHY / VIDEO CONSENT

■ I consent to optional photography/video use for Audire educational or promotional purposes. ■ I do not consent.

STUDENT	PARENT / LEGAL GUARDIAN	AUDIRE ACADEMY OF ARTS
Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____	Date: _____