

## PRIVATE PILATES POLICIES

### SCHEDULING:

#### To schedule your initial session:

1. **Complete Interest Form and sign this Policies form and send to budance@bu.edu or fax them to (617) 358-5147.**
2. **If you have registered already, we will contact you to schedule or confirm your sessions. If you haven't registered, we will ask you to officially register and pay for the package. You can register and pay online at [www.bu.edu/fitrec](http://www.bu.edu/fitrec) or in person at the PERD Office at the FitRec Center Monday through Friday 9:00am – 5:00pm.**

All scheduling, rescheduling or cancellation of Private Pilates Sessions should be done through the dance office by calling 617-353-1597 or e-mailing budance@bu.edu. All Pilates session dates and times will be scheduled before the first session of the package.

### CANCELLATION/RESCHEDULING POLICY

If you need to cancel or reschedule a session, please call the dance office at (617) 353-1597. If the Graduate Assistant is not in, be sure to leave a message. They will check the availability of your instructor and get back to you with confirmation of the rescheduled date and time. If it is a last minute emergency and you have your instructor's telephone number, please call the instructor directly.

24 hours notice is required for a cancellation or rescheduling in order to receive credit for the session. Failure to cancel within this time frame or failure to show up for a session will result in the client being charged for the session. *Exceptions will only be made in the case of a medical emergency accompanied by a doctor's note.* There is a no-refund policy on all packages purchased – a client may only receive a refund if accompanied by a doctor's note.

### TARDINESS POLICY:

Clients are expected to begin their session at the start time of the scheduled appointment. A late start time does not entitle a client to a session longer than the scheduled appointment.

### EXPIRATION DATES ON PACKAGES:

Any sessions that remain after the semester or summer term will be forfeited.

**I verify that I understand and will abide by these policies.**

**Client Name (Printed)** \_\_\_\_\_

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*Please initial if submitting via email.*