

PRIVATE and SMALL GROUP POLICIES FOR AERIAL, DANCE, AND PILATES

CHECK AVAILABILITY:

Email budance@bu.edu to check general availability of space and/or instructor.

REGISTRATION:

You can register and pay online at www.bu.edu/fitrec or in person at the PERD Office at the FitRec Center Monday through Friday 9:00am – 5:00pm.

SCHEDULING:

To schedule your initial session, complete Interest Form (Pilates or Aerial/Dance) and sign this Policies form. Send both to budance@bu.edu or fax them to (617) 358-5147.

All scheduling, rescheduling or cancellation of Private Sessions should be done through the dance office by calling 617-353-1597 or e-mailing budance@bu.edu. We prefer all 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:

All unused sessions expire on June 30th unless an alternative arrangement has been agreed upon.

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

Client Name (Printed) _____

Client Signature _____ **Date** _____

**Please initial if submitting via email.*