



Cancellation Policy

(Please sign and date this form and bring it to your first session)

If you fail to cancel a scheduled appointment, I cannot use this time for another client. Thus, a full fee is charged for missed appointments or no show cancellations with less than a 24 hour notice unless due to illness or an emergency. The full fee will be charged to all clients who do not show up for or cancel an appointment.

I agree to the above cancellation policy and understand its meaning and ramifications.

Client Printed Name: _____

Client Signature: _____
(Client's Parent/Guardian if under 18)

Date of Signature: ____/____/____