

Online Class Registration Form

What class(es) are you registering up for?

Please list any current or chronic health issues or concerns that may affect your participation in class, need modification or otherwise need to be taken into account.

Financial Agreement, Missed Classes and Appointment Cancellation Policies

Payment for Services: I understand that I am responsible for payment for services, and payment is to be paid by cash or check made out to Inner Rhythms, LLC before or at the time services are rendered unless I have made an alternative payment arrangement with Inner Rhythms, LLC in advance. I understand that my insurance company will not be billed for services, and that I can request a receipt for services I can submit to my insurance company or use for tax purposes.

Missed Class Policy: If I purchase group classes at a discounted rate I may make up an equivalent level class within the four to six week time frame provided there is room. It is my responsibility to contact Lesley in advance to confirm there is space in the class. I understand there are no refunds for missed classes. I understand 4-week class cards expire 8 weeks from the date of the first class in the series. I understand 6-week class cards expire 12 weeks from the date of the first class in the series.

Inclement Weather: If I am concerned about driving during inclement weather I may cancel and make the class up per the Missed Class Policy. If a class is canceled by Inner Rhythms due to weather and I have paid for multiple classes I may make up the class per the Missed Class Policy. If it is impossible for me to apply the class within the time frame I may arrange with Lesley to forward it to the next 4-week time frame. If an appointment is canceled by Inner Rhythms, LLC, it can be re-scheduled at the soonest available time convenient for both parties.

Missed Appointment Cancellation Policy: If I “no-show” or cancel an appointment with less than 24 hours of the time of my appointment I am responsible for paying the cancellation/no-show fee of \$75.00.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND I AGREE TO ABIDE TO THEM.

Date

Signature of Participant, Parent, Guardian or Personal Representative

Date

Legibly Print Name of Participant, Parent, Guardian or
Personal Representative

Continue on next page

Contact Information: Please print legibly

Full Name

Street, City, State, Zip

Email

Phone

Emergency Contact: list their name, best way to contact, relationship to you.

Please download to your desktop and open with Adobe Reader in order to add a digital signature.

If you prefer, Print and return form in-person or by secure, encrypted email fax to protect your privacy.

- **Scan and email fax to 888-441-1088. Type fax number into the “To” field instead of email address and click send just like sending an email.**
- **Take photo of each page of form and email fax as above.**