



Policies and Billing Agreement for Minors

Our goal is a successful experience for those we work with and to provide all clients with excellent service the following policies are in place to efficiently do this.

Please read our policies carefully!

1. 24 Hour Cancellation Policy: We work on a scheduled appointment basis. Because your child’s appointment time has been reserved especially for them, parents/clients are required to give a minimum of 24-hours notice when canceling an appointment, which at that time can be rescheduled at no charge.

Sessions canceled with less than a 24-hours notice will be charged full session rate

2. Billing: We bill clients on a pre-pay basis. Bills are issued directly to the parent/client when services are retained and are due upon receipt of your child’s first session. Your child will initial a "Training Session Record" at their scheduled appointments. Parents/Clients will be billed for their child’s next series of sessions 2 weeks prior to their last session. Payment will be due at the 1st session of the next series of training sessions. Discounts on session rates apply only to packages paid in full in advance.

3. Progress of Training: Parent/Client may be notified when sessions are cancelled with less than 24 hours notice by child. Parent/Client may request information from trainer regarding scheduling, attendance and progress of child at any time.

4. Scheduling Appointments: We schedule appointments 2 months out in advance. We work with many people’s schedules on a first come first serve basis.

5. Heart Rate Monitor: Minors are strongly recommended to wear a Polar Fitness Heart Rate Monitor while training. Not only does it monitor heart rate response to exercise but also tracks how many calories burned during exercise. This is for their safety.

6. Medical Release: If your son or daughter is 25lbs overweight, has had a recent surgery or has a “medical” condition you will be required to get a medical release from their doctor to begin an exercise program. We will provide one to you.

MedFit Education and Training Center reserves the right to change these policies at any time.

I, _____ have read the aforementioned and understand and accept these policies as they relate to personal fitness training procedures with MedFit Education and Training Center.

Signature of CLIENT/PARENT

Date