



## **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:** \_\_\_\_/\_\_\_\_/\_\_\_\_