

ATHLETE & WEIGHT MANAGEMENT POLICIES

Scheduling

To schedule your initial session you can:

1. Complete Interest Form, Health History Questionnaire, and await for email confirmation on the time, day and location that better suits your request.
2. Register and pay for packages online at www.kinemove.ie (only for memberships and classes).
3. Schedule your training sessions by calling (00353) 87 227 4500 or e-mailing memberships@kinemove.ie.

All scheduling, rescheduling or cancellation of Athlete or Weight Management Services should be done through the Kinemove or e-mailing ivan.r.alonso@kinemove.com. All training 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 Ivan R Alonso at (00353) 87 227 4500 or Colin McEndoo at (00353) 86 226 9670. If none are available, please be sure to leave a message. We will check the availability of your trainer 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 emergency in to 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.

Tardiness Policy

Clients and Trainers are expected to begin working out 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, neither it does to finish it earlier for the trainer.

Expiration dates on Packages

Any sessions that remain after the expiration date will be forfeited.

- 1 session: 1 month from the date of purchase
- 5 sessions: 2 months from the date of purchase
- 10 sessions: 3 months from the date of purchase

I verify that I understand and will abide by these policies

Client Signature _____ Date _____