

SCHOFIELD HEALTH & FITNESS CENTER

PHYSICAL TRAINING (PT) CLASS REQUEST FORM

The Health & Fitness Center offers fitness classes to all military units. Please read the following information about our program, and sign below in agreement:

1. The PT classes are offered Monday- Friday (**by appointment only**) from 6:30am – 7:30am. You can meet in formation outside the gym. Unit must arrive and be set up for class by 6:40am or will be considered a “no show” and no refunds or rescheduling will be allowed.
2. Payment for the class must be received at the Health & Fitness Center forty-eight (48) hours after confirmation email. Classes will only be reserved on the schedule AFTER payment has been made. Call Haley Ryan at 808-787-5738 for appointments or rescheduling.
3. Class Fee: \$35. Initial here that you have read, understand, and agree to the refund policy _____
4. Class Changes /REFUNDS/ RESCHEDULING must be made 48 hours prior to the scheduled class date and time (by 0630 48 hours prior). NO rescheduling/refunds will be allowed inside the 48 hour period prior to the class. For refunds, rescheduling, or cancellations call the Health and Fitness Center at 808-787-5739. Verbal contact must be made, and changes acknowledged, by Haley Ryan. Units are allowed one (1) rescheduling date. If the class is not completed on this rescheduled date, no refunds will be allowed.
5. Please be specific on the number of soldiers in attendance, as certain class formats are limited by size/equipment or floor space restrictions. Classes are taught by certified and insured fitness instructors. You may choose from the following class formats:

a. **Group Cycling (Spin):** An interval type class that simulates hills, sprints, and downhill racing in which the focus is cardiovascular, power, and endurance training. Class size is limited to the number of bikes available (19).

b. **Yoga:** A practice that involves movement and breath that can both lengthen and strengthen muscles.

Name: _____ Unit: _____ Phone: _____

Email: _____ # Participants: _____ Cost: \$35.00

Type of class: _____ Date of class: _____ Instructor: _____

Signature: _____ Today's Date: _____ Paid Date: _____

Health & Fitness Center
1554 Trimble Rd, Bldg 582
Schofield Barracks, HI 96857

Please turn in completed form to the address above or email to usarmy.schofield.id-pacific.mbx.dfmwr-sfa-unit-pt@army.mil