



CONFIDENTIAL

Enrollment Agreement
For:

Athlete: _____

Professional Coaching Program

Information contained in this proposal is proprietary to Sterling sports group and is intended for the sole use of the individual to whom it is addressed. Recipient may, on a limited and absolute need-to-know basis, copy and distribute this proposal and cost estimate to its constituents. This document and the information contained herein are confidential and any dissemination, distribution, or copy of the communication is strictly prohibited without prior written consent from Sterling sports group.

TABLE OF CONTENTS

TABLE OF CONTENTS	2
I. GENERAL INFORMATION.....	3
II. ATHLETE PROFILE	4
III. WAIVER AGREEMENT.....	5
IV. HEALTH HISTORY AND MEDICAL INFORMATION	6
V. ATHLETE SELF ASSESSMENT QUESTIONNAIRE	7
V. ATHLETE SELF ASSESSMENT QUESTIONNAIRE (CONT.)	8
VI. MEASUREMENT CHART	9
VII. COACHING CONTRACT	10
VIII. ATHLETE COACHING AGREEMENT	11

I. General Information

(Please Print)

First Name: _____

Last Name: _____

Home Address: _____

City: _____

State: _____

Zipcode: _____

Mailing Address (If different from above): _____

City: _____

State: _____

Zipcode: _____

Home Telephone: _____

Work Telephone: _____

Cell Telephone: _____

Email Address: _____

Date of Birth: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Day Telephone: _____

Evening Telephone: _____

Name: _____

Relationship: _____

Day Telephone: _____

Evening Telephone: _____

II. Athlete Profile

Name: _____

USAC License #: _____

Current Category:

Road	5	4	3	2	1	PRO
MTB	Beg	Sport	Exp	Semi Pro		PRO
Track	5	4	3	2	1	
Cross		D	C	B	A	PRO

Hours Per Week Available to Commit to Training:

Fall: _____ Winter: _____ Spring: _____ Summer: _____

Daily Hours Available for Training:

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
<u>Fall</u>							
<u>Winter</u>							
<u>Spring</u>							
<u>Summer</u>							

Cycling Experience (riding, racing, etc.):

Last Years Training Overview (hours/week, annual miles, intensity, peaks, results, #of races etc.):__

Notable Race Results (Result, Event, Category, Date):

Typical Weeks Training: What A Normal Week Looks Like For You During Seasons

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
<u>Fall</u>							
<u>Winter</u>							
<u>Spring</u>							
<u>Summer</u>							

Next Years Cycling Goals/Plans:

- 1.
- 2.
- 3.
- 4.
- 5.

III. Waiver Agreement

STERLING SPORTS GROUP WAIVER AGREEMENT

In consideration of the acceptance of my registration request and/or participation in the programs and activities operated by Sterling Sports Group, its officers, administrators, employees, and representatives, I assume all risks attendant to such participation. I release, hold harmless and forever discharge Sterling sports group, and all of it's assignees, from all claims, causes of action, judgments, damages or demands, of any kind permitted by law, by myself, my heirs, executors, administrators and assigns for personal injuries and/or property damage, whether known or unknown, foreseen or unforeseen, which I may cause or sustain during such programs and activities. Further, I agree to indemnify them and each of them for any and all loss and damage arising from my tortuous acts or omissions. I expressly assume the risk of injury to my person or property or my death in connection with my travel to and from competitions and program site(s).

I UNDERSTAND THAT MY PARTICIPATION IN THE PROGRAMS AND ACTIVITIES OF STERLING SPORTS GROUP INVOLVES THE RISK OF INJURY OR DEATH AND THAT MY PARTICIPATION IS ENTIRELY VOLUNTARY. I AM VOLUNTARILY PARTICIPATING IN THIS PROGRAM AND / OR ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY AND / OR DEATH.

_____ (Athlete's initials) _____ (Guardian's initials)

I warrant that I am in good physical/emotional health and that I am prepared and able to physically and emotionally participate in the program and/or activity for which I am registering. I understand participation requires good physical conditioning and training. I recognize there is a substantial risk of injury in strenuous athletic activity. I knowingly and voluntarily assume that risk. I understand there is no medical or other insurance provided for me by any of the mentioned entities to cover medical or other expense arising out of injuries that I might sustain during my participation in the class or activity for which I am registering. I understand and accept responsibility to pay and be responsible for any and all medical expenses arising out of any injury to myself or, due to my fault, to anyone else. I hereby acknowledge that I have, at all times, sole responsibility for my personal possessions and athletic equipment used for the program and/or activity.

I understand that my picture may be taken in the course of participation in a Sterling Sports Group activity and I give Sterling Sports Group and its agents/representatives the irrevocable right to use my photograph in print, video, and any digital forms for reproduction in any way including editorial, advertising and promotion, public exhibition and private publications. I release Sterling Sports Group and its agents/representatives and its clients from all claims associated with these photographs including commercial and privacy rights. I understand that there will be no form of compensation given for the use of my photograph now or in the future.

I HAVE CAREFULLY READ THIS WAIVER AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I HAVE HAD AN OPPORTUNITY TO HAVE THIS WAIVER AGREEMENT REVIEWED BY OTHERS, INCLUDING AN ATTORNEY. MY SIGNATURE / INITIALS REPRESENT THAT I EITHER HAD THE WAIVER AGREEMENT REVIEWED AND APPROVED AS WRITTEN OR I KNOWINGLY AND INTELLIGENTLY ELECTED NOT TO HAVE IT REVIEWED. I AM AWARE THAT THIS IS A WAIVER AND RELEASE OF LIABILITY AND A CONTRACT BETWEEN STERLING SPORTS GROUP AND MYSELF THAT I SIGN OF MY OWN FREE WILL. I ACKNOWLEDGE RELEASE OF LIABILITY, AND I CAN, IF I SO DESIRE, RECEIVE A COPY OF THISWAIVER

_____ (Participant's initials) _____ (Guardian's initials)

Athlete's Full Name

Guardian's Full Name

Athlete's Signature

Guardian's Signature

Date

Date

NOTE: Parent/Guardian: If under age 18, parent or guardian's signature is required:

IV. Health History and Medical Information

Please fill out this form completely.

All information submitted is CONFIDENTIAL. This info will not be shared or distributed in any way

Attach additional forms if necessary

GENERAL:

Name: _____ Social Security # (Last 4 Digits): _____

Height: _____ Weight: _____

Male _____ Female: _____

Medical Coverage:

Health Insurance Provider: _____ Policy # _____

Policy Holders Name: _____

ALLERGIES: (medicine, food, insects, etc...)

Allergy Reaction/Severity Level Medication/Treatment Do you carry an EPI Kit?

MEDICATIONS:

Drug	Condition	Dosage (amount & frequency)
------	-----------	-----------------------------

HEALTH HISTORY:

Have you at any time had:

	YES	NO
1. Heart Problems, chest pains, stroke, etc...	_____	_____
2. High Blood Pressure	_____	_____
3. Chronic Illness or a chronic condition	_____	_____
4. Difficulty with exercise	_____	_____
5. Advice from a physician not to exercise	_____	_____
6. Recent Surgery (last 12 months)	_____	_____
7. Pregnancy (within last 3 months)	_____	_____
8. Lung or breathing problems	_____	_____
9. Muscle or joint injuries	_____	_____
10. Back problems or injuries	_____	_____
11. Do you smoke	_____	_____
12. Ever been 40 or more pounds over ideal weight	_____	_____
13. Ever had high blood cholesterol	_____	_____
14. Family History of heart problems	_____	_____
15. Any condition that may be aggravated by exercise	_____	_____
16. Other afflictions or conditions	_____	_____
17. Do you consider your life stressful	_____	_____
18. Eating or sleeping problems recently	_____	_____
19. Any contagious or blood borne illnesses	_____	_____

Please explain in detail any yes answers from above:

Please describe your current fitness/exercise activities including type, frequency, duration, and intensity:

V. Athlete Self Assessment Questionnaire

Name: _____

Date of Profile: _____

Proficiency Profile: Read each statement and decide if you agree or disagree as it relates to you.

	Agree	Disagree
1. I am quite lean compared to others in my category		
2. I'm more muscular and have greater total body strength than most others in my category		
3. I'm usually capable of single handedly bridging big gaps that take several minutes.		
4. I'm capable of enduring relentless suffering for long periods of time, perhaps as long as an hour.		
5. I can climb long hills out of the saddle with most others in my category		
6. I can hop and jump my bike better than most		
7. I can spin at cadences in excess of 140 rpm with no difficulty		
8. I look forward to the climbs in races and hard group workouts.		
9. I'm comfortable in an aerodynamic position: aero bars, elbows close, back flat.		
10. I have a lot of fast twitch muscle based on my instantaneous sprint speed, vertical jump or other indicator.		
11. While I suffer, I never "blow up" on climbs even when the tempo increases.		
12. In a race I can ride near my lactate threshold (heavy breathing) for long periods of time.		
13. In an individual Time Trial, with the exception of turn arounds and hills, I can stay seated the entire race.		
14. In a pack sprint I feel aggressive and capable of winning		
15. When standing on a climb, I feel light and nimble on the pedals		

Natural Ability Profile: Read each statement and decide if you agree or disagree as it relates to you.

	Agree	Disagree
1. I prefer to ride in a bigger gear with a lower cadence than most of my training partners		
2. I race best in criteriums and short races		
3. I'm good at sprints		
4. I'm stronger at the end of a long workouts than my training partners		
5. I can squat and/or leg press more weight than most in my category		
6. I prefer long races		
7. I use longer crank arms than most others my height		
8. I get stronger as a stage race or high volume training week progresses		
9. I comfortably use smaller gears with higher cadence than most others I train with		
10. I have always been physically quicker than most other people for any sport I've done		
11. In most sports, I've been able to finish stronger than most others		
12. I've always been physically stronger than most others I've played sports with		
13. I climb best when seated		
14. I prefer workouts that are short but fast		
15. I'm confident of my endurance at the start of long races		

Friel, Joe. The Cyclist's Training Bible. Boulder: VeloPress, 1996 – used with permission

V. Athlete Self Assessment Questionnaire (cont.)

Mental Skills Profile: Read each statement and choose the most appropriate answer from the following choices:

1= Never 2 = Rarely 3 = Sometimes 4= Frequently 5 = Usually 6 = Always

- | | |
|--|--|
| 1. I believe my potential as an athlete is excellent | |
| 2. I train consistently and eagerly | |
| 3. When things don't go well in a race I stay positive | |
| 4. In hard races, I can imagine myself doing well | |
| 5. Before races I remain positive and upbeat | |
| 6. I think of myself more as a success than as a failure | |
| 7. Before races I'm able to erase self-doubt | |
| 8. The morning of a race I awake enthusiastically | |
| 9. I learn something from races when I don't do well | |
| 10. I can see myself handling tough race situations | |
| 11. I'm able to race close to my ability level | |
| 12. I can easily picture myself training and racing | |
| 13. Staying focused during long races is easy for me | |
| 14. I stay in tune with my exertion levels during races | |
| 15. I mentally rehearse skills and tactics before races | |
| 16. I'm good at concentrating as the race progresses | |
| 17. I make sacrifices to attain my goals | |
| 18. Before an important race I can visualize doing well | |
| 19. I look forward to workouts | |
| 20. When I visualize myself racing, it almost feels real | |
| 21. I think of myself as a tough competitor | |
| 22. In races, I tune out distractions | |
| 23. I set high goals for myself | |
| 24. I like the challenge of a hard race | |
| 25. When the ride gets hard, I concentrate even better. | |
| 26. In races, I am mentally tough | |
| 27. I can relax my muscles before races | |
| 28. I stay positive despite late starts or bad weather | |
| 29. My confidence stays high the week after a bad race | |
| 30. I strive to be the best athlete I can be | |

Friel, Joe. The Cyclist's Training Bible. Boulder: VeloPress, 1996 – used with permission

VI. Measurement Chart

Sterling Sports Group



PRO FIT SHEET

Athlete Name:

Date Of Fitting:

Phone:

PRIMARY NEEDS:

Body Measurements

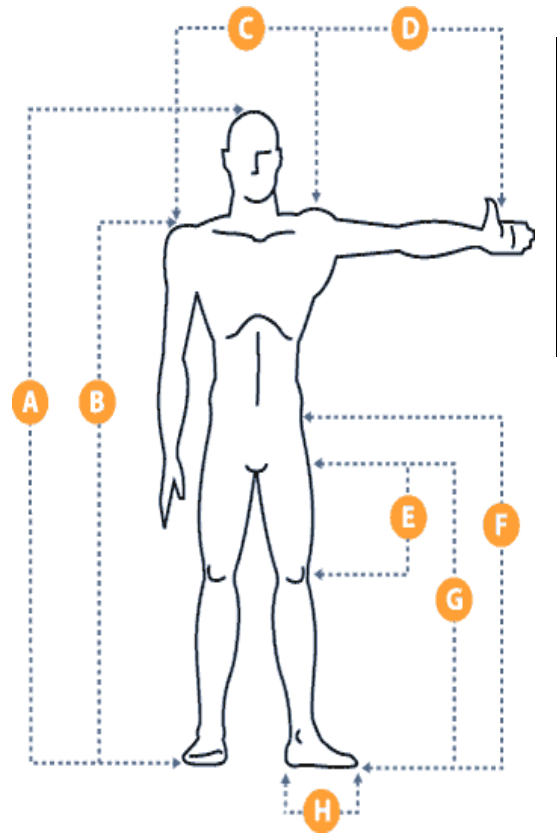
- a) Overall Height
- b) Shoulder Height
- c) Shoulder Width
- d) Arm Length
- e) Femur Length
- f) Tib Fib Length
- Calculated Femur Ratio:
- g) Inseam
- h) foot
- i) Torso Length (clav - crotch)
- j) flexibility (1 - 10):

Seat Height Calculations

- LeMond Seat Height (.883)
- Initial Seat Height Measured
- FINAL Seat Height Measured
- Suggested Frame Size (.67)
- Suggested Total Reach (Top Tube/Stem)
- Suggested Crank Length

Bicycle Measurements

- | | Initial | New |
|-------------------------------|----------------------|----------------------|
| a) Frame Size (c-to-c) | <input type="text"/> | <input type="text"/> |
| b) Top Tube (c-to-c) | <input type="text"/> | <input type="text"/> |
| c) Seat Height (c/bb-to-seat) | <input type="text"/> | <input type="text"/> |
| d) Reach (seat to c/bar) | <input type="text"/> | <input type="text"/> |
| e) Stem Length | <input type="text"/> | <input type="text"/> |
| f) Drop | <input type="text"/> | <input type="text"/> |
| g) Crank Length | <input type="text"/> | <input type="text"/> |



VII. Coaching Contract

COACHING PROGRAM OPTIONS:

STERLING Training Program:

- Comprehensive Annual Training Plan tailored to your season goals and schedule
- Customized Monthly Training Program including weekly goals.
- Use of a Power Tap System for the duration of your coaching agreement
- Weekly Private Training Ride with Coach
- Weekly Phone/In Person Consultation with Coach
- Regular Group Training Rides.
- Baseline and up to 6 additional Lactate Threshold or other Performance Tests per year
- Each days workout delivered via email and logged by you online
- Athlete membership to our online training center – TrainingPeaks.com
- Comprehensive Rider Evaluation & Interview Lunch – 2 hours
- Comprehensive Position assessment w/ video analysis and ride – 2 hours
- Substantial Discounts for any additional testing, rides, race support etc...
- Complimentary Sterling Team Kit and Equipment Package (sponsored products)

Monthly Fee: \$500

Annual Paid-In-Full: \$5500

Gold Training Program:

- Comprehensive Annual Training Plan tailored to your season goals and schedule
- Customized Annual and Monthly Training Program including weekly goals.
- Regular Group Training Rides.
- Baseline and up to 3 additional Lactate Threshold Tests per year
- Each days workout delivered via email and logged by you online
- Athlete membership to our online training center – TrainingPeaks.com
- Initial rider evaluation & interview – 1 hour
- Initial rider position assessment w/ video analysis – 1 hour
- Weekly athlete contact with coach to refine and modify program as needed
- 1 private ride with Team Coach per month*
- Additional Discounts for individual testing, rides, race support etc...

Monthly Fee: \$250

Annual Paid-In-Full: \$2800

Silver Training Program:

- Annual Training Plan created for you.
- Detailed Monthly Training Program including daily workouts tailored to your goals
- Athlete membership to our online training center – TrainingPeaks.com
- Daily workouts delivered via e-mail
- Track your progress with training sessions logged by you online!
- Join us for regular group workouts
- Initial rider evaluation, interview, and position assessment
- Up to 2 hours per month of athlete initiated contact with coach
- Baseline Lactate Threshold determination
- Discounts on Performance Testing, Private Rides, Race Support, Camps and clinics.

Monthly Fee: \$150

Annual Paid-In-Full: \$1700

**We reserve the right to combine individual rides with other one-on-one program team members in the interest of efficiency*

****Please schedule additional services at least two weeks in advance**

VIII. Athlete Coaching Agreement

The following is a legally binding agreement between _____ (athlete), and Sterling Sports Group, hereafter referred to as SSG. SSG agrees to provide the following Athlete Coaching Services to the above named athlete during the term of this agreement:

This agreement shall run from:

- Lead an initial individual planning and goal setting meeting with the athlete by:.
- Provide baseline physiological testing, through a non-invasive lactate threshold protocol to athlete by:.
- Provide monthly training programs to athlete. This program includes daily workout recommendations, specific notes regarding training protocols, and a feedback form to be submitted by the athlete to SSG
- Provide a total of 6 benchmark reports for each athlete enrolled in the Monthly Coaching Program.
- Provide position assessment and feedback, including any changes recommended, regarding riding position and how to maximize efficiency.
- Work with the team to develop race tactics for each category of riders and to meet the team goals as stipulated in the initial planning meeting as stated above
- At the end of the Team Coaching Program data will be compiled for an overall team-based close out benchmark report.

In return for these services the athlete agrees to:

- Pay the base monthly rate for their program of choice (Sterling, Gold or Silver) to Sterling Sports Group by the 5th day of the month for which the fees are being paid. An initial payment of two months is to be paid in lieu of a start-up fee.
- Provide a monthly summary of training/racing activities through the online program manager. These reports will include total training hours and mileage, max and average heart rates for each ride, daily weight, and any relevant training notes, as well as time spent in the training zones as defined in the lactate threshold test.
- Attend a minimum of one (1) team-training ride led by SSG per month.
- Work with SSG to develop the athlete's annual training and racing goals, race calendar, and individual race tactics as needed by the team.

Termination of Contract: This is an automatic contract that renews each month unless requested by the athlete at least two weeks in advance. At the request of either party this contract may be terminated with 30 days written notice.

Athlete's Full Name

Guardian's Full Name

Sterling Sports Group Representative

Athlete's Signature

Guardian's Signature

Sterling Sports Group Signature

Date

Date

Date

NOTE: Parent/Guardian: If under age 18, parent or guardian's signature is required: