



CONFIDENTIAL

Enrollment Agreement  
For:

***Athlete:*** \_\_\_\_\_

Professional Triathlon Coaching Program

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## 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: \_\_\_\_\_

Current Category:

Age Group: \_\_\_\_\_

USAT License #: \_\_\_\_\_

Beginner: \_\_\_\_\_ Intermediate: \_\_\_\_\_ 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>							

Triathlon Experience (training, racing, best event, etc.):

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

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

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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 Triathlon 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?

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### MEDICATIONS:

Drug	Condition	Dosage (amount & frequency)
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### HEALTH HISTORY:

Have you at any time had:

1. Heart Problems, chest pains, stroke, etc...

YES

NO

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:

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

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## 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 short, sprint distance races		
3. I'm good at sprints and short very hard efforts		
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 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 race 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**



## 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/Run with Coach**
- **Weekly Phone/In Person Consultation with Coach**
- **Regular Group Training Sessions.**
- **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 Athlete 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 Sessions.**
- **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 athlete 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 athlete 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
- 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 5<sup>th</sup> 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: