



STERLING
SPORTS GROUP

CONFIDENTIAL

Enrollment Agreement
For:

Athlete: _____

Professional 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:

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

License #: _____

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. 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)
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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 bourne illnesses	_____	_____

Please explain in detail any yes answers from above:

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

IV. 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 THIS WAIVER

_____ (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.

VI. Coaching Options

STERLING Effective:

- 10+ Hours of ELITE Level Coaching Each Month, Including:
- Weekly Private Training Ride with Coach up to 2 hours
- Customized Weekly Training Program - revised each week based on progress
- Unlimited Phone and Email Contact – including weekly 30min catch up call
- Daily, Weekly, & Monthly Power File Analysis and Feedback – I'll look at every file!
 - Did you complete the workout correctly?
 - Plan trending – are you making progress towards your goals?
 - Quadrant Analysis, fatigue profiles, testing (field & lab)
- 1x Baseline Position Analysis and Field Performance Test – 2 hours
- Up to 4 Complimentary Clinics Annually
- 10% Discount on All Additional Equipment and Services, including trips!
- Very Limited Enrollment – Only 4 Slots Available

Monthly Fee: \$500 6mos Paid-In-Full: \$2700 (10% Off) Annual Paid-In-Full: \$5100 (15% Off)

Gold Program:

- 5+ Hours of Top Level Coaching Each Month, Including:
- Weekly 20m Phone Call / Progress Report and Unlimited Emails (within reason, 12hr response)
- Trending Review of Every Workout Logged, Including 3 Power Files Analyzed Each Week
- Monthly performance write up.
- Daily Workout Email
- 1x Baseline Field Performance Test with Coach – 2 hours
- 10% Discount on Additional Equipment and Services (excluding trips)
- Limited Enrollment: Only 10 spots available!

Monthly Fee: \$350 6mos Paid-In-Full: \$1995 (5% Off) Annual Paid-In-Full: \$3780 (10% off)

Silver Program:

- 2.5 Hours of Professional Coaching Each Month, Including:
- Tailored Monthly Progress Reports and Schedule Updates
- Performance Trending Analysis – are you doing what you need to get better?
- Bi-Weekly 15m Phone Call and Unlimited Emails (within reason, 24hr response)
- Daily Workout Email
- 5% Discount on Additional Equipment and Services (excluding trips)

Monthly Fee: \$185 6mos Paid-In-Full: \$1050 (5% Off) Annual Paid-In-Full: \$2000 (1 mo+ free)

Dynamic Training Plans and Pre-Built Programs:

- Choose from over a dozen Pre-Built programs or select a Dynamic training plan built monthly for your discipline and local calendar – Road Race, Crits, MTB, CX, etc..
- Daily Workout Email and Online Training Log for both types
- Monthly write up, including targeted physiological systems, nutrition notes, and tactical planning
- Choose Heart Rate or Power Based Programs for Road, Criterium, MTB, CX, and Track

Pre Built Programs From \$50

Dynamic Monthly Program Fee: \$75/mo

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 include the following for Silver Level and above:

- Lead an initial individual planning and goal setting meeting with the athlete.
- Provide monthly training programs to athlete. This 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 field fitness assessment and feedback, including any changes recommended, regarding riding position and how to maximize efficiency.

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: