



ADULT PERFORMANCE & FAT LOSS

AT ELITE WE ARE MORE THAN JUST A GYM - WE BELIEVE IN EDUCATING OUR CLIENTS AND BUILDING LIFELONG HEALTHY HABITS THAT ULTIMATELY BUILD CONFIDENCE AND LEAD TO A HAPPIER LIFE.

WE HAVE QUALIFIED AND CERTIFIED TRAINERS AND NUTRITION EXPERT'S THAT WORK WITH YOU EVERY STEP OF THE WAY TO DESIGN A TRAINING AND NUTRITIONAL PLAN THAT YOU ARE COMFORTABLE WITH, FITS YOUR LIFESTYLE, **AND** PRODUCES RESULTS.

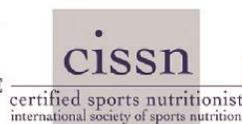
EVERYONE WHO JOINS THE ELITE FAMILY COMES IN MOTIVATED BY DIFFERENT REASONS, BUT MANY OF OUR MEMBERS SHARE AT LEAST ONE (OR MORE) OF THE FOLLOWING GOALS:

- YOU WANT TO SHED FAT
- YOU WANT TO GET STRONG SO YOU CAN STAY HEALTHY
- YOU WANT TO INCREASE ENERGY
- YOU WANT TO INCREASE CONFIDENCE
- YOU WANT TO LOSE WEIGHT
- YOU WANT TO GET HEALTHY AND BUILD MUSCLE
- YOU'RE TIRED OF FEELING ACHY & WORN DOWN ALL THE TIME
- YOU WANT TO IMPROVE ENERGY & REDUCE STRESS

HOW DOES THE PROGRAM WORK?

YOU WILL GET:

- **A FULL PERSONAL FITNESS CONSULTATION** TO DETERMINE YOUR GOALS AND THE QUICKEST WAY TO GET THERE.
- **NEW EXERCISE PROGRAMS EVERY 3-4 WEEKS** SO YOU ARE ALWAYS MAKING PROGRESS AND NEVER GETTING BORED.
- **ELITE NUTRITIONAL SYSTEM** – A SYSTEM DESIGNED TO CREATE HEALTHY EATING HABITS THAT STICK AND PRODUCE RESULTS. ELITE COOKBOOK AND WEEKLY MEAL PLANS INCLUDED!
- **ACCESS TO OUR EXCLUSIVE ONLINE FACEBOOK GROUP AND PRIVATE ONLINE RESOURCES** –24/7 ACCESS TO COACHES AND MEMBERS TO PROVIDE ENCOURAGEMENT, MOTIVATION, AND AN ACCOUNTABILITY TEAM. ALSO INCLUDED - WEEKLY NUTRITIONAL, TRAINING, RECOVERY TIPS, AS WELL AS LOTS OF LAUGHTER.
- **SUPPORT FROM OTHER PEOPLE LIKE YOU** – NO ONE HAS TO DO IT ALONE. YOU’LL BE TRAINING WITH OTHER PEOPLE IN THE SAME SITUATION AS YOU, WHICH CAN HELP KEEP YOU MOTIVATED AND LEARN NEW STRATEGIES TO OVERCOME ISSUES YOU MAY HAVE.



ELITE SPORTS PERFORMANCE
Information Form

Name: _____

DOB: ____/____/____ Age: _____ Height: _____ Weight: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Occupation: _____

Work Activity Level (circle one): Sedentary Mildly Active Active Very Active

How did you hear about Elite Sports Performance (circle one)?

- Internet/Website
- Flyer/Advertisement
- Referral (please list name): _____
- Other (briefly explain):

ELITE SPORTS PERFORMANCE
Health History Form

Name _____ Date _____

Occupation _____

Work activity level: Sedentary Mildly Active Active Very Active

Work-related stress: Low Moderate High

Regular Hours: Yes No

Have you suffered from or been diagnosed with any of the following:

High blood pressure	Breathing difficulties
Pulmonary disease	Vascular disease
Cancer	Recent illness
Seizures	Diabetes
Allergies	Tremors
Hernia	Back/neck pain
Joint condition/injury	Soft tissue injury
Ankle edema	Unusual fatigue
High cholesterol	High HDL cholesterol

Do you have a family history of your father or other male first-degree relative suffering an MI or sudden death before age 55? Yes No

Do you smoke? Yes No

Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by your doctor? Yes No

Do you feel pain in your chest when you do physical activity? Yes No

In the past month, have you had chest pain when you were not doing physical activity? Yes No

Do you lose your balance because of dizziness or do you ever lose consciousness? Yes No

Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes No

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? Yes No

Do you know of any other reason why you should not do physical activity? Yes No

Have you ever exercised before? Yes No

Are you taking any medications? Yes No

Please list _____

If my health should change so that I could answer Yes to any of the above questions, I, _____, am responsible for informing my health/fitness professional

_____ Date _____

Family Physician _____

Physician's phone _____

In case of an emergency please call _____

Relationship _____ Phone _____

ELITE SPORTS PERFORMANCE
Release of Liability/Informed Consent

1. In consideration of being allowed to participate in the personal fitness training activities and programs of Elite Sports Performance LLC and to use its facilities, equipment, and services, in addition to the payment of any fee or charge, I do hereby forever waive, release, and discharge Elite Sports Performance LLC or its employees or contractors and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any activities, programs or services of Elite Sports Performance LLC or its employees or contractors or the use of any equipment at various sites, including home, provided by and/or recommended by Elite Sports Performance LLC or its employees or contractors.

(Please initial: _____)

2. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

(Please initial: _____)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use exercise equipment. I acknowledge that either I have had a physical examination and have been given my physicians permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, program and use of equipment.

(Please initial: _____)

4. I understand that Elite Sports Performance LLC providing and maintaining and exercise/fitness program for me does not constitute an acknowledgment, representation of indication of physiological well-being or a medical opinion relating thereto.

(Please initial: _____)

5. Some Elite Sports Performance athletes may be used in our marketing materials for website, flyers, videos, etc.

(Please initial _____)

Date: _____

Signature _____

Please Print Name _____

Witness' Signature _____



ELITE REFERRAL REWARDS PROGRAM!

At Elite Sports Performance and Fitness, we are **committed** to providing you and your family with the finest sports performance, health, and fitness coaching in Cleveland. We are honored to serve you daily and take great pride in helping you reach your performance, health and fitness goals!

It is important to us that our Elite Family continues to be tight-knit, positive, and hard-working! So who better to ask than yourself, if you know of anyone that would benefit from one of our programs at Elite?

With that being said, we would like to share with you that we are excited to announce our new Elite Referral Rewards Program to you!

For every member that you refer to us at Elite, we will now be donating \$25 to a savings account to start up an Elite Youth Charity. The details are still being worked out, but we look to have the charity up and running in 2017.

But that's not all, you will also receive Elite Cash for your referral which can be used in our apparel and supplement store. Your referrals are important to us as we would rather spend our money on improving our programs, rather than spending it on marketing.

If you know of any loved ones or friends that could benefit from one of our programs at Elite simply fill out the form below and we will reach out to them and invite them to join us!

Thank you for helping us make a difference in people's lives!

Name: _____ Program of Interest: Youth / Athlete / Adult

Email: _____ Child(s) Name (if applicable):

Phone: : _____

Child(s) Name (if applicable): _____

Name: _____ Program of Interest: Youth / Athlete / Adult

Email: _____ Child(s) Name (if applicable):

Phone: : _____

Child(s) Name (if applicable): _____



ADULT PERFORMANCE & FAT LOSS PROGRAM PRICING

TRAINING PLANS ARE CUSTOMIZABLE

At ELITE, we understand that your schedules can become very hectic, very quickly. So we created a system where each training plan is customizable, based on your schedule and availability to train during that given month (i.e. if your summer months become very busy, you can drop down from UNLIMITED to 2X/week (or vise-versa).

It is your responsibility to notify us of a change in training plan via e-mail, at least one week before the next scheduled payment: Bobby@EliteSportsPerformanceGym.com

TRAINING PLANS AND FEES

You have the choice between a **3, 6, or 12 MONTH** training plan. All plans can be modified on a month-to-month basis to fit the individual's schedule and availability (as described above).

# OF SESSIONS PER WEEK:	3 MONTH	6 MONTH	12 MONTH
2X/WEEK	\$159/month	\$149/month	\$134/month
UNLIMITED	\$209/month	\$194/month	\$174/month

CLUB MEMBERSHIP COMES WITH THE FOLLOWING:

- **GROUP TRAINING SESSIONS** WITH AN ELITE SPF COACH - YOU'LL BE TRAINING WITH OTHER PEOPLE IN THE SAME SITUATION AS YOU, WHICH CAN HELP KEEP YOU MOTIVATED AND LEARN NEW STRATEGIES TO OVERCOME ISSUES YOU MAY HAVE.
- **NEW EXERCISE PROGRAMS EVERY 3-4 WEEKS** SO YOU ARE ALWAYS MAKING PROGRESS AND NEVER GETTING BORED.
- **ELITE NUTRITIONAL SYSTEM** – A SYSTEM DESIGNED TO CREATE HEALTHY EATING HABITS THAT STICK AND PRODUCE RESULTS
- **ACCESS TO OUR EXCLUSIVE ONLINE FACEBOOK GROUP** –24/7 ACCESS TO COACHES AND MEMBERS TO PROVIDE ENCOURAGEMENT, MOTIVATION, AND AN ACCOUNTABILITY TEAM. ALSO INCLUDED - WEEKLY NUTRITIONAL, TRAINING, RECOVERY TIPS, AS WELL AS LOTS OF LAUGHTER.

PLAN CHOSEN:	
MONTHS: _____	MONTHLY RATE: \$ _____

I understand that I am responsible for paying the total amount due per the plan selected, and that payments are due on the same date each month.

Name: _____

Signature: _____

Date: _____



CREDIT CARD FORM

I, _____,

(Printed Name)

As the Individual cardholder, I hereby authorize this card to be used for the balance required.

Credit Card Information:

Name as it appears on the Card:

Type of Card: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number _____ - _____ - _____ - _____ Expiration Date _____/_____

Security Code BACK of Visa OR Master Card: (3 digits) _____

Security Code FRONT of Amex Card: (4 digits) _____

Credit Card Billing Address: Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Cardholder Signature: _____

Date: _____/_____/_____