



Nathan A. Mall, MD, CIMEDirector, Cartilage Restoration Center of St. Louis Sports Medicine14825 N. Outer Forty Rd, Suite 200, Chesterfield, MO 63017 office: 314-336-2555info@nathanmallmd.com

INCLUDED: (Elite Velocity is designed to go year round, we switch between off-season, pre-season, in-season, "FOR ALL THROWING ATHLETES"!

| idualized throwing/recovery program | Individualized training program | Individualized nutritional program | |
|--|---|------------------------------------|--|
| VELO Remote trainer w/ 5-7-day workout | Marc Pro EMS (<u>www.marcpro.com</u>) | PitchLogic Monthly Analysis | |
| tional Movement Screen (FMS) | Flexibility/Mobility/CNS | Monthly video analysis | |
| ecovery modalities | Bullpens (varies based on individual assigned workouts) | Starter/Reliever Specific training | |
| & Joint Integrity | Pitch AI <u>www.proplayai.com</u> | Weightlifting Strength Programs | |
| Care Pgm- <u>www.armcare.com</u> | Pulse - https://www.drivelinebaseball.com/ | 2021/07/motus-is-now-pulse/ | |

Mon 4:30-6p, Mon 6-7:30p, Mon 7:30-9p; Wed 4;30p-6p, Wed 6-7:30p, Wed 7:30-9p (will add times if needed) **FOR:** All <u>overhand throwing athletes</u> (not just baseball), as well as all baseball position players. Even if you consider yourself to have perfect mechanics, one will constantly battle their recovery time in-between starts and that doesn't even account for all of the extra wear-n-tear from playing multiple positions in addition to pitching.

<u>COST: Monthly Service:</u>

\$250 per Month, renewable monthly, via "The Yard" eSoft system

WHERE: The Yard, 2051 Trade Center Dr., Saint Peters, MO 63376Tel: 636-387-0901CALL: Call Mike Killian at 314-537-7738 for further info or email Mike at mikekillian@elitevelocity.com

| Athlete's Name | Address | City | State | Zip | | |
|--|------------------|--------|-----------------------|-----|--|--|
| Age Date of Birth | School Attending | Grade? | Contact Email Address | · | | |
| Home Telephone | Day Telephone | | Emergency Telephone_ | | | |
| I hear-by give my consent for the above named student to participate in the supervised baseball workout regimen of the The Yard and Elite VELO Pitching & Performance | | | | | | |
| Program; and, waive and release the 'The Yard and Elite VELO Sport's staff, employees, officers, agents and assigns, of and from any damages, claims and liabilities | | | | | | |
| resulting from any injury sustained or any illness suffered by my child, as named above, during the entirety of the 'The Yard and Elite VELO Pitching & Performance | | | | | | |
| Program' programs of 'School(s)', 'Session(s)' and/or 'Clinic(s)'; or incurred while traveling to or from these 'The Yard and Elite VELO Pitching & Performance Program's | | | | | | |
| activities or home. I will pay all medical bills incurred by my child, to the medical service provider(s), as a result of any sickness, illness, ailment or injury as a consequence of | | | | | | |
| attending the 'The Yard and Elite VELO Pitching & Performance Program. | | | | | | |
| Parent/Guardian Permis | sion Signature | | Dat | te | | |
| All Payments made thru The Yard Online Payment System, renewable monthly | | | | | | |