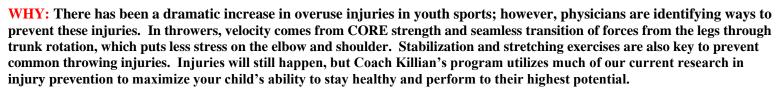
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# Nathan A. Mall, MD, CIMEDirector, Cartilage Restoration Center of St. Louis Sports Medicine14825 N. Outer Forty Rd, Suite 200, Chesterfield, MO 63017 office: 314-336-2555info@nathanmallmd.com

#### 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 <a href="mailto:mikekillian@elitevelocity.com">mikekillian@elitevelocity.com</a>

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						