



**Low ratio,
more reps,
better results!**

Yessah International is offering Xplosion training for boys and girls ages 8-18 and College athletes. Xplosion provides training in the form of: balance, stability, strength, flexibility, agility, and Xplosion. The clinics serve two purposes. First, refine the basic motor skills to become an elite athlete. Second, provide a path to the next level by developing ultimate work ethic while working alongside proven athletes.

TIMES

GROUP 1

Monday and Wednesday from 4:00 - 5:30 starting Wednesday June 1st.

SESSION 1

June 1,6,8,13,15,20,22,27,29

Registration deadline: **May 18th**

SESSION 2

July 6,11,13,18,20,25,27

Registration deadline: **June 18th**

SESSION 3

August 1,3,8,10,15,17,22,24,29

Registration deadline: **July 18th**

GROUP 2

Tuesday and Thursdays from 4:00 - 5:30 starting Thursday June 2nd.

SESSION 1

June 2,7,9,14,16,21,23,28,30

Registration deadline: **May 18th**

SESSION 2

July 5,7,12,14,19,21,26,28

Registration deadline: **June 18th**

SESSION 3

August 2,4,9,11,16,18,23,25,30

Registration deadline: **July 18th**

LOCATION

Kailua Beach Park Next to the Lifeguard stand. Across from Buzz's Steak House. Due to weather cancellation class will be moved to following day.

RATES

- **One Session - \$100 (Includes T-shirt)**
- **Two Sessions - \$175**
- **Three Sessions - \$250**

For a discounted rate you must be enrolled by May 18th. All classes have limited space so please get signed up as soon as possible.

*For clinic information, contact Ed Chun.
echun@yessahinternational.com
(808) 630-4565



XPLOSION APPLICATION FORM



NAME			AGE
GENDER	GRADE	BIRTHDATE	SCHOOL
SHIRT SIZE: (CIRCLE ONE) YOUTH: S M L XL		ADULT: S M L XL 2XL	
ADDRESS		CITY	STATE ZIP
PHONE	EMAIL	KAILUA RESIDENT* (CIRCLE ONE): YES NO	
EMERGENCY CONTACT		PHONE	RELATIONSHIP
DOCTOR'S NAME		PHONE:	
ADDRESS		CITY	STATE ZIP
MEDICAL INSURANCE		POLICY #	
GROUPS: (CIRCLE ONE)	GROUP 1	GROUP 2	
SESSION: (CIRCLE ONE)	1 2 3 2 SESSION PACKAGE	3 SESSION PACKAGE	

By signing below, the parent or guardian understands and agrees that Yessah International LLC and assumes NO RESPONSIBILITY for sickness, death, injuries, property loss or damage incurred through participation or while traveling to or from the above program. As a participant in this program, I agree to assume all risks of any injury to the person whose name appears on the above registration. By signing, I indicate that I understand the risks in this activity and understand that Yessah International LLC, their agents, volunteers, representatives, sponsors, and employees assume no responsibility of safety to me or my property and make no representation, expressed or implied, regardless the adequacy of safety of this program. I grant permission to all of the forgoing to use photographs, motion pictures, recordings or record of this event for legitimate purpose.

I have read and fully understand this Assumption of Risk, Waiver, and Release from Liability and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily.

PRINTED NAME: _____ SIGNATURE: _____

Date: _____

Consent and Release on Behalf of Minor by Parent/Legal Guardian

I am the parent or legal guardian of the above named minor. I have read and understand this Assumption of Risk, Waiver, and Release from Liability in its entirety and understand that it relates to surrendering valuable legal rights of the minor and myself. I agree to be bound by all the terms of the Assumption of Risk, Waiver, and Release from Liability. I also give my consent to the participation in the activity of the minor.

PRINTED NAME: _____ SIGNATURE: _____

Date: _____

Make checks payable to:
Yessah International LLC

Submit form & Payment to:
Yessah International LLC
111 Hekili St. Ste A PMB 1846
Kailua, HI 96734

OFFICE USE ONLY
