

Bryan Hawkins
KENPO KARATE

Sleep Away Camp

2024

Sunday
June 23th thru **June 29th**
Week #1

Week #2
Sunday
July 21st thru **July 27th**
Saturday

at the **Kern River** in the **Sequoia National Forest**

Ages: 6-17 years old



Details and registration information available online at:
www.bryanhawkinskenpo.com/camps - or - text (818) 633-0954



BHKK Sleep-Away 2024!

Bryan Hawkins Kenpo Karate Sleep-Away Camp is a fun and truly rewarding adventure. Like the BHKK Summer Day Camp, our Sleep-Away Camp is unique in that we only enroll kids from our Kenpo Karate school, the camp is supervised by adults and not teenagers, and we limit the number of campers so as to ensure a high adult to child ratio. Our camp is also unique in that we allow the campers to experience actual tent camping and not a cabin situation with all the comforts and amenities they might find at home.

We will be camping in the beautiful Sequoia National Forest along the upper Kern River. Our campers will be hiking and camping at elevations ranging from 3,600 feet to 8,900 feet.

Activities like swimming, rafting, crafts, rock climbing, horseback riding, campfire talks, boating, and hiking make up each day. Campers learn about personal responsibility and self-reliance as well as teamwork and group unity.

Our objective is to provide an opportunity for our Kenpo campers to develop goals and challenges by which to guide their lives – To help them take a closer look at themselves in relation to their own strengths and weaknesses and to create an atmosphere in which personal growth can take place so that they work towards their highest potential as individuals.

CAMP ITINERARY

Sunday: Depart from Bryan Hawkins Kenpo Karate in West Los Angeles at 8:00 AM, arriving at camp approximately 12:00 noon

Monday - Friday: Camp Activities (see details below)

Saturday: Depart from camp at 12:00 noon, arriving back at Bryan Hawkins Kenpo Karate in West Los Angeles at approximately 3:00 PM

CAMP SUPPLIES

Every camper MUST bring the following:

- Water bottle (reusable)
- Hat
- Backpack (daypack)
- Chair (folding or collapsible)
- Tent (if you do not have a tent, we can provide one for a nominal fee) Sleeping bag and pillow
- Two pairs of closed-toed shoes suitable for hiking
- Sandals, water shoes or other similar footwear
- Floaties or life vest (if not a swimmer)
- Bath towel and washcloth
- Beach towel
- Sunblock
- Toiletries (toothbrush, toothpaste, soap, hairbrush, etc)
- Swimsuit
- At least one pair of long pants and one long-sleeved shirt
- Warm jacket
- Flashlight
- Spending money (\$50 maximum) if desired for souvenirs, etc.

Suggested additional items:

- Sunglasses
- Inflatable raft or inner tube
- A comfort item such as a stuffed animal, etc
- Air mattress or sleep pad
- Book and/or writing materials
- A comfort item such as a stuffed animal, etc

Please do NOT bring any of the following:

- Gameboys or other electronic games
- Any other items that might distract campers from appreciating their natural environment
- iPods, CD players or radios (with or without headphones)
- Cell phones (Parents, we will schedule time for campers to make a phone call home during the week.)

Sleep-Away Camp 2024

SUNDAY, JUNE 23rd – SATURDAY, JUNE 29th

SUNDAY, JULY 21st – SATURDAY, JULY 27th

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APPLICATION AND TUITION AGREEMENT

Application, Deposit, and Registration fees due in advance, see below

YOUR CONTACT INFORMATION – *Child and child's parents and/or legal guardians:*

Child's Name: _____

School: _____

Grade: _____ Age: _____ Birthdate (MM/DD/YY): _____ / _____ / _____ Sex: M _____ F _____

Guardian 1: _____ DL#: _____

Guardian 2: _____ DL#: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Guardian Cell Phone#: _____

Guardian 1 Address: _____

Phone: _____ Email: _____

Guardian 2 Address: _____

Phone: _____ Email: _____

By law, children must be released to either parent even if one parent is not included on this form. Other court custody arrangements require a copy of the legal documents be attached to this form.

YOUR EMERGENCY CONTACTS – *We'll release children only to Guardians listed above and the following individuals:*

Name: _____ Relation: _____ Cell phone: _____

Address: _____

Name: _____ Relation: _____ Cell phone: _____

Address: _____

Your child will not be released to any person who is not listed on the emergency contact list. If you need to have your child picked up by someone not included on this list, we require both a telephone call from you and a written authorization. Appropriate identification will be required.

YOUR MEDICAL CONTACT INFORMATION:

Physician: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

List any specific health concerns (e.g. illness, handicaps, allergies, sensitivities, etc.): _____

How would you describe your child's personality? _____

What special interests does your child have? _____

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CAMP FEES

Application, Deposit, and Registration fees due in advance, see below

<i>Camp Fee</i>	\$1100.00
<i>Registration Fee</i>	\$75.00
<i>Total</i>	\$1175.00
<i>– Deposit (reserve now)*</i>	–\$600
<i>= Balance**</i>	\$575.00

*Non-refundable deposit of \$600.00 reserves your spot

Balance due by: **Monday, May 13th (week 1)

Monday, June 10th (week 2)

We're sorry, but no refunds will be given.

Choose (X) the week you will attend:

Week 1 (June 23-29)

☐

Week 2 (July 21-27)

☐

Enclosed:

Deposit

Balance**

Please make checks payable to:

Bryan Hawkins Kenpo Karate

... and send completed registration form to:

Bryan Hawkins Kenpo Karate

16911 San Fernando Mission Blvd, #161
Granada Hills, CA 91344

EMERGENCIES

In case of an emergency, BHKK will make every effort to contact the guardians of the child involved, before any treatment is begun. However, in the event we are unable to make contact with you, the guardians, we require this medical release to be signed by all of the participants in the program.

I hereby authorize the physician or hospital selected by BHKK Sleep-Away Camp Program to hospitalize, secure treatment for, and order injection, anesthesia, or surgery for my child. It is further understood that the undersigned will assume full responsibility for any such treatment, including the payment of all costs, and will hold BHKK Sleep-Away Camp Program, its representatives, BHKK's owner(s), instructors, and staff, harmless therefrom.

Name of Insurance: _____ Policy #: _____

RELEASE OF LIABILITY

I hereby agree to hold harmless BHKK owner(s), instructors, and staff from any liability related to any and all BHKK Sleep-Away Camp activities and programs. I hereby acknowledge the existence of the implied risk associated with all programs for children and the areas where such activities and programs take place.

I have read and understood all the information included in this contract and by signing, I agree to adhere to the terms of this contract. It is further understood that policies and terms of this contract may be changed and amended as needed, and, that I shall be informed in writing of such changes. I have received a copy of this contract.

Guardian's Name: _____

Guardian's Signature: _____ Date: _____