Bryan Hawkins
KENPO KARATE

Cowboy Camp

Back to Basics

2026

September 27th
8am - 5:30pm

Horseback Riding, Cattle Roping
Care of Livestock (Horses, Farm Animals)
Experience the Ranch Lifestyle

Ages: 5-15 years old

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

WELCOME

to BHKK Cowboy Camp!

Bryan Hawkins Kenpo Karate Cowboy Camp is a fun and truly rewarding adventure. Like the BHKK Summer Day Camp, our Cowboy Camp is unique in that we only enroll kids from our Kenpo Karate school, it is supervised by adults and not teenagers, and we limit the number of cowpokes to ensure a quality experience.

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 SCHEDULE

This special camp is one day, September 27th, 2026.

On the morning of camp: West LA students must be at the West LA dojo by 8:00 AM. Granada Hills students must be at the Hawkins house by 8:30 AM.

All campers must be picked up at 5:30 PM that afternoon, at the Hawkins house.

ACTIVITIES

Horseback riding, trail riding

Fundamentals of Roping
with a Hollywood Stuntman

Raising and Care of Livestock

DRESS

Sneakers or boots should be worn for the day. Full-length pants/jeans/trousers required: **no shorts**.

ALSO, PLEASE BRING

A hat, water bottle, jacket or sweatshirt.

PLEASE DO *NOT* BRING

Electronic devices of any kind, or any other items which might distract campers from their environment. Phones will be allowed to tag along, but their use restricted to ensure a more authentic, cowboy experience!

BRYAN HAWKINS KENPO KARATE

COWBOY CAMP

September 27th, 2026

TUITION AGREEMENT

Child's Name:_____

Child's School:_____ Grade:_____

Age:_____ Date of birth:_____/_____/_____ Sex: (M/F) _____

Guardian 1 Name:_____ DL#:_____

Guardian 2 Name:_____ DL#:_____

Child's Home Address:_____ Home Phone#:_____

City:_____ State:_____ Zip:_____

Guardian 1 Employment:_____ Position:_____

Address:_____ Phone: _____

Guardian 2 Employment:_____ Position:_____

Address:_____ Phone: _____

Email contact:_____

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.

EMERGENCY INFORMATION

Besides guardians listed above, we will release children only to the following individuals:

Name:_____ Relation:_____

Address:_____Phone:_____

Name:_____ Relation:_____

Address:_____Phone:_____

Your child will not be released to any person that 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.

Dentist:_____ Address:_____ Phone:_____

Physician:_____ Address:_____ Phone:_____

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

_____

How would you describe your child's personality? _____

What is his/her greatest quality? _____

What special interests does your child have? _____

DROP-OFF AND PICK-UP

West LA students must be at the West LA dojo by 8:00 AM. Granada Hills students must be at the Hawkins house by 8:30 AM. All campers must be picked up at 5:30 PM that afternoon, at the Hawkins house.

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BHKK Cowboy Camp September 27th 2026	$ **315**
We're sorry, but no refunds will be given.	

See flyer for list of recommended, bring-along supplies

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 the participants in the program.

I hereby authorize the physician or hospital selected by BHKK Day 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 Day Camp Program, its representatives, BHKK's owner(s), instructors, and staff, harmless therefrom.

Guardian's Name:_____ Guardian's Signature:_____

Date:_____ 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 Day 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 Signature:_____ Date:_____

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