

Sleep Away Camp 2026

SUNDAY, JUNE 21 — FRIDAY, JUNE 26

SUNDAY, JULY 26 — FRIDAY, JULY 31

Bryan Hawkins
KENPO KARATE

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

			Camp Fee	\$1050.00
			Registration Fee	\$75.00
Due Dates:	<u>June Camp</u>	<u>July Camp</u>	Total	\$1125.00
Deposit Due:	March 6	April 13	- Deposit	-\$600
Balance Due:	May 14	June 19	= Balance**	\$525.00

*Non-refundable deposit of \$600.00
(\$525 camp fee plus \$75 registration fee)

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

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: _____