

Bryan Hawkins
KENPO KARATE

Winter Day Camp 2024



December 16th *thru* December 20th

9:00 am – 3:00 pm, Monday thru Friday

***Martial Arts, Field Trips, Nature Hikes,
Sports, Arts & Crafts, and more...***

Ages: 4 - 15 years old



Details and registration information available online at:
www.bryanhawkinskenpo.com/camps - or - text (310) 633-0954



WINTER DAY CAMP

Bryan Hawkins **KENPO KARATE**

December 16-20, 2024

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? _____

PROGRAM POLICIES

Drop Off & Pick-Up: Participants must be dropped off by 9:00 AM. For parents who need to drop off their children before the 9:00 AM start time, morning pre-camp care is available between 8:00 and 9:00 AM, for a cost of \$5 per half hour. We have designed our hours of operation to accommodate children who are enrolled in our Kenpo Karate program. Since the camp ends at 3:00 PM, Mondays through Wednesdays we will see that 5-year-old children get to their 3:15 PM karate class, and at 4:00 PM they are to be picked up by a parent/guardian. Evening extended care is available, up to 7:00 PM, for an additional cost of \$5 per half hour.

Application and Deposit due Monday, December 09th

over

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All applications **must** be submitted by December 09th to guarantee a place for your child.
No credits or make-ups can be given for unused days. We're sorry, but no refunds will be given.

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|---|-------------|-------------|-------------|-------------|------------|-------|-------|-------|-------|-------|---|
| Full week December 16-20: \$375 (Monday through Friday, 9:00 AM – 3:00 PM) | \$ _____ | | | | | | | | | | |
| <p style="text-align: center;">- or -</p> <p style="text-align: center;">Circle days your child will attend:</p> <table><tr><td><u>Mon</u></td><td><u>Tues</u></td><td><u>Wed</u></td><td><u>Thur</u></td><td><u>Fri</u></td></tr><tr><td>12/16</td><td>12/17</td><td>12/18</td><td>12/19</td><td>12/20</td></tr></table> | <u>Mon</u> | <u>Tues</u> | <u>Wed</u> | <u>Thur</u> | <u>Fri</u> | 12/16 | 12/17 | 12/18 | 12/19 | 12/20 | Reg. Days #__ x \$80 \$ _____ (1-8) Subtotal: \$ _____ |
| <u>Mon</u> | <u>Tues</u> | <u>Wed</u> | <u>Thur</u> | <u>Fri</u> | | | | | | | |
| 12/16 | 12/17 | 12/18 | 12/19 | 12/20 | | | | | | | |
| + Extended care: \$5/half-hour: (optional – available 8:00-9:00 AM and 3:00-7:00 PM) | + _____ | | | | | | | | | | |
| = Total Camp Fees: | \$ _____ | | | | | | | | | | |
| - Deposit (due December 09th): <i>Deposit is ½ of Total Camp Fees</i> | - _____ | | | | | | | | | | |
| = Balance (due Dec 16th)** | \$ _____ | | | | | | | | | | |

*Applications received after December 9th are subject to a 10% late registration fee.

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: _____