

# Summer Art Camp Registration

Fill out the information on both pages to register your camper(s). **IMPORTANT:** Enrollment is not complete until all registration information has been completed and submitted for each camper along with payment in full to Oceanside Museum of Art. Visit [www.oma-online.org/camp](http://www.oma-online.org/camp) to enroll online and learn more about camp. If you have any questions, email [education@oma-online.org](mailto:education@oma-online.org) or call (760) 435-3728.

**ALL FIELDS WITH AN ASTERISK\* ARE REQUIRED INFORMATION. COMPLETE BOTH PAGES. THIS IS PAGE 1 OF 2.**

Parent 1 Name\* \_\_\_\_\_  
First Last

Parent 1 Email\* \_\_\_\_\_ Parent 1 Phone #\* \_\_\_\_\_

Parent 2 Name \_\_\_\_\_  
First Last

Parent 2 Email \_\_\_\_\_ Parent 2 Phone # \_\_\_\_\_

Mailing Address\* \_\_\_\_\_  
Street City State Zip Code

Are you an OMA member at the Dual/Family level or higher?\*  yes  no (If not, consider joining now for a discount on camp along with other benefits.)

Emergency Contact (not one of the parents listed)\* \_\_\_\_\_  
First Last

Emergency Contact Phone #\* \_\_\_\_\_ Relationship To Camper(s)\* \_\_\_\_\_

List Additional People Authorized To Pick Up Camper(s)–or list NONE\* \_\_\_\_\_

Early drop off (8:00–9:00am) and/or extended afternoons (3:00–4:00pm) may be available at \$10 each per day for members or \$15 for visitors in addition to the price of camp. Would these options be of interest if available?\*  AM  PM  Both

Camper 1 Name\* \_\_\_\_\_  
First Last

Camper 1 birthdate\* \_\_\_\_\_ School\* \_\_\_\_\_ Grade \*(circle one) K 1 2 3

Register Camper 1 for these sessions:  July 9–13  July 16–20  July 23–27  July 30–August 3  August 6–10

For camper 1, list all known medical conditions, including allergies to food, medication, or animals. Include any and all medications taken regularly, both prescription and over-the-counter. If not applicable, list NONE.\* \_\_\_\_\_

Does camper 1 have any special needs you think we should know about? If not applicable, list NONE.\* \_\_\_\_\_

Camper 2 Name \_\_\_\_\_  
First Last

Camper 2 birthdate \_\_\_\_\_ School \_\_\_\_\_ Grade (circle one) K 1 2 3

Register Camper 2 for these sessions:  July 9–13  July 16–20  July 23–27  July 30–August 3  August 6–10

For camper 2, list all known medical conditions, including allergies to food, medication, or animals. Include any and all medications taken regularly, both prescription and over-the-counter. If not applicable, list NONE. \_\_\_\_\_

Does camper 2 have any special needs you think we should know about? If not applicable, list NONE. \_\_\_\_\_

Physician's name\* \_\_\_\_\_ phone #\* \_\_\_\_\_

Insurance company\* \_\_\_\_\_ Phone #\* \_\_\_\_\_

Policy #\* \_\_\_\_\_ ID #\* \_\_\_\_\_

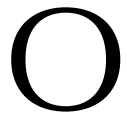
Name of policyholder\* \_\_\_\_\_ Relationship to camper(s)\* \_\_\_\_\_

In the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children listed herein as camper(s), in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia, and/or surgery under the recommendation of qualified medical personnel.\*  I agree

I give my permission for my camper(s) to participate in nearby walking excursions away from the museum such as to the library.\*  yes  no

I give my permission for my camper(s) to be included in photographs and video for promotional purposes associated with the program and Oceanside Museum of Art.\*  yes  no

COMPLETE PAGE 2 OF THE REGISTRATION FORM NEXT



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**ALL FIELDS WITH AN ASTERISK\* ARE REQUIRED INFORMATION. COMPLETE BOTH PAGES. THIS IS PAGE 2 OF 2.**

I hereby release and waive Oceanside Museum of Art (OMA), its directors, officers, employees, and agents from all liability to the camper(s) and their personal representatives, heirs, and next of kin for any loss or damage, and any claim or demand on account of injury to the person or property, or resulting in death of the camper(s), while the camper(s) is/are in or about the premise or facility, or equipment or participating in any program affiliated with OMA, without respect to location. I agree to indemnify, release and hold harmless OMA, its directors, officers, employees, and agents from any loss, liability, damage or cost they may incur due to the presences of the camper(s) in or about OMA premises or using any facilities or equipment of OMA or participating in any program affiliated with OMA. I further attest that I have read and fully understand this release, waiver of liability, and indemnity agreement.\*  I agree

I understand that the physical and emotional safety of all campers and staff are central to OMA's camps and vital to its overall mission. As such, no form of bullying, harassment, violence, or destructive behavior will be tolerated. OMA's leadership investigates any and all allegations of this kind and trains camp supervisors to promote positive communication so that all campers can have an enriching and enjoyable experience at camp. I understand that if my camper(s) engage in egregious and/or repeated harassing or destructive behavior, pursuant to OMA's behavior policy, the camper(s) may be dismissed from the program for the day or for remainder of the week, depending on severity. I further understand that there are no refunds for this kind of dismissal.\*  I agree

I have read the full refund policy and understand I may request a refund up to 30 days prior to the first day of camp less a 5% administration fee. I understand that no refunds will be issued for requests less than 30 days prior, regardless of reason, and that in this case, I may transfer this registration to another camper in grades K-3 upon notification to OMA.\*  I agree

I understand that drop off for camp is 8:45-9:00am and pick up is 3:00-3:15pm daily, and that late pick-up between 3:15-3:45pm will result in an additional fee due at pick up of \$15, or \$30 for pick up between 3:45-4:45pm. If parents/guardians or the emergency contact cannot be reached and a camper has not been picked up by 4:45pm, OMA will assume there has been an emergency and may call authorities for assistance.\*  I agree

I attest that I am the parent or legal guardian of the camper(s) listed herein and that I have legal authority to enter into the agreements included above that are required for camp registration. I further attest that I have read and fully understand all of the agreements and policies, and agree to them without reservation.\*  I agree

Print name\* \_\_\_\_\_  
First Last

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

Submit both pages of the completed registration form along with payment in full to OMA at the address below.  
Add membership at the Dual/Family level or higher at the same time to enjoy the member rate.

## PAYMENT INFORMATION

### SUMMER ART CAMP

Members (Dual/Family and above) \$275 x \_\_\_\_\_ = \$ \_\_\_\_\_

Visitors \$350 x \_\_\_\_\_ = \$ \_\_\_\_\_

### ADD MEMBERSHIP

Dual/Family \$70 \$ \_\_\_\_\_

Patron \$165 \$ \_\_\_\_\_

President's Circle \$500 \$ \_\_\_\_\_

Founder's Circle \$1000 \$ \_\_\_\_\_

Millennium Club \$2500 \$ \_\_\_\_\_

Director's Circle \$5000 \$ \_\_\_\_\_

### ADD A DONATION

Your gift of any amount will support art at OMA \$ \_\_\_\_\_

**TOTAL ENCLOSED \$ \_\_\_\_\_**

Enclosed is my check in the amount of \$ \_\_\_\_\_

(payable to Oceanside Museum of Art)

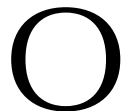
Please charge my Visa or Mastercard

Name on card \_\_\_\_\_

acct # \_\_\_\_\_

expiration \_\_\_\_\_ billing zip \_\_\_\_\_

signature \_\_\_\_\_



OCEANSIDE  
MUSEUM OF ART

# Membership Levels & Benefits

## DUAL/FAMILY \$70

*\$70 is tax deductible*

- Unlimited general admission for two adults and all children 18 and under in the same household
- Invitation to exhibition openings
- 10% discount in the Museum Store
- Discounts on select programs and events, including camp
- Subscription to the OMA Viewpoint newsletter
- 2 guest passes

## PATRON \$165

*\$135 is tax deductible*

- All benefits of DUAL/FAMILY plus:
- Invitation to the annual Patron Party for 2 guests
- Membership in NARM AND ROAM reciprocal programs providing access to over 800 museums
- 4 guest passes

## PRESIDENT'S CIRCLE \$500

*\$450 is tax deductible*

- All benefits of PATRON plus:
- 15% discount in the Museum Store
- A private tour with the executive director
- Invitation to VIP hour prior to select exhibition openings
- 6 guest passes

## FOUNDER'S CIRCLE \$1000

*\$820 is tax deductible*

- All benefits of PRESIDENT'S CIRCLE plus:
- Invitation for 2 guests to the annual Evening of Distinction
- Annual recognition
- Exclusive visits to artist's studios or private collections
- 10 guest passes

## MILLENNIUM CLUB \$2500 INITIAL FEE / \$1500 ANNUAL FEE THEREAFTER

*1st year \$2320 is tax deductible / Subsequent years \$1320 is tax deductible*

- All benefits of FOUNDER'S CIRCLE plus:
- 20% discount in the museum store
- Private receptions with curator/artist tours of the major OMA exhibitions
- 15% discount on a single facility rental at OMA

## DIRECTOR'S CIRCLE \$5,000

*\$4590 is tax deductible*

- All benefits of MILLENNIUM CLUB plus:
- 4 complimentary tickets to select OMA programs
- Private lunch with the executive director
- 50% discount when purchasing gift memberships at INDIVIDUAL, DUAL/FAMILY and PATRON levels
- 25% discount on a single facility rental at OMA

## OTHER MEMBERSHIP LEVELS

(NOT ELIGIBLE FOR DISCOUNT ON CAMP)

### INDIVIDUAL \$50

*\$50 is tax deductible*

- Unlimited general admission for one person
- Invitation to exhibition openings
- 10% discount in the Museum Store
- Discounts on select programs and events
- Subscription to the OMA Viewpoint newsletter
- 2 guest passes

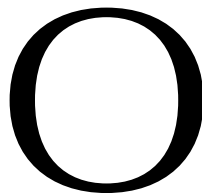
### STUDENT / ACTIVE MILITARY / OMA VOLUNTEER (ID REQUIRED) \$30

*\$30 is tax deductible*

- All benefits of INDIVIDUAL at a reduced rate

### ADD ARTIST ALLIANCE TO ANY LEVEL \$20

- \$20 per person, in addition to any membership level
- Be part of a program designed to foster a bond between the museum, artists, and the community
- Exhibition opportunities
- Listing on the OMA website's Artist Alliance Registry with a link to website
- Invitation to quarterly exchanges to converse, learn, share, and critique artwork with the Artist Alliance members



704 Pier View Way  
Oceanside CA 92054

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MUSEUM OF ART

www.oma-online.org  
(760) 435-3721

# Join OMA Now To Save On Art Camp

**THIS MEMBERSHIP IS:**  New  Renewal

**PRIMARY MEMBER'S NAME:** Mr. / Ms. / Mrs. / Dr. / Other

\_\_\_\_\_  
(First and Last)

**SECONDARY MEMBER'S NAME:** Mr. / Ms. / Mrs. / Dr. / Other

\_\_\_\_\_  
for Dual / Family Member and above (First and Last)

## CONTACT INFORMATION:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_

## MEMBERSHIP LEVEL:

- \$70 Dual/Family  \$2,500 1st year /  
 \$165 Patron  \$1,500 Subsequent years  
 \$500 President's Circle Millennium Club  
 \$1,000 Founder's Circle  \$5,000 Director's Circle

\$20 (per person) Add Artist  
Alliance to my membership!

Membership (as checked above) \$ \_\_\_\_\_

Add Artist Alliance (\$20 per person) \$ \_\_\_\_\_

Add a donation to OMA \$ \_\_\_\_\_

**Total Payment** \$ \_\_\_\_\_

Check payable to: Oceanside Museum Of Art

Please charge my membership to:  Visa  Mastercard

Card Number \_\_\_\_\_

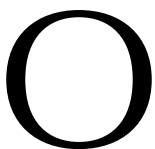
Expiration \_\_\_\_\_ Billing Zip \_\_\_\_\_

Signature: \_\_\_\_\_

Artist Alliance Name(s) \_\_\_\_\_

URL for listing: \_\_\_\_\_

SUBMIT THIS WITH YOUR CAMP REGISTRATION FORM ALONG WITH  
PAYMENT IN FULL FOR BOTH TO OMA BY MAIL OR AT THE FRONT DESK.



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MUSEUM OF ART

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Date Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Donor Perfect

POS

Sold by: \_\_\_\_\_

Received new member packet:  Yes  No