

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 to enroll online and learn more about camp. If you have any questions, email 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* _____ Age *(circle one) 7 8 9 10 11 12

Register Camper 1 for these sessions: July 8–12 July 15–19 July 22–26

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* _____ Age *(circle one) 7 8 9 10 11 12

Register Camper 2 for these sessions: July 8–12 July 15–19 July 22–26

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 #* _____

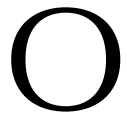
Name of policyholder* _____ Relationship to camper(s)* _____

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)

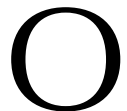
Please charge my Visa or Mastercard

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

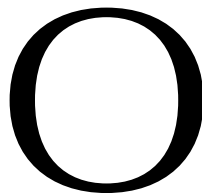
STUDENT / ACTIVE MILITARY / OMA VOLUNTEER (ID REQUIRED) \$30

\$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

OCEANSIDE
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 _____

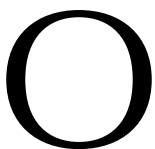
Expiration _____ CVV _____ Billing Zip _____

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.



OCEANSIDE
MUSEUM OF ART

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