

# Palm Springs Art Museum Art Camp Enrollment Form

## Student Information/*Informacion del estudiante*

Child's Name/*Nombre*

\_\_\_\_\_

Age/*Edad* \_\_\_\_\_ Gender/*Sexo* \_\_\_\_\_

Date of Birth/*Fecha de nacimiento* \_\_\_\_\_

Art Class/ <i>Clase de arte</i>	Dates/ <i>Fechas</i>	Code/ <i>Codigo</i>	Fee/ <i>Tarifa</i>

## Parent Information/*Informacion de padres*

Parent or Guardian Name/*Nombre completo del padre o guardian*

\_\_\_\_\_

Member of the Palm Springs Art Museum  Yes  No

*Miembro del Palm Springs Art Museum*  Si  No

Phone/*Telefono*

Home/*Casa* \_\_\_\_\_

Work/*Trabajo* \_\_\_\_\_ Cell/*Celular* \_\_\_\_\_

E-mail address/*Correo electronico* \_\_\_\_\_

Address/*Domicillio*

\_\_\_\_\_

City/*Ciudad* \_\_\_\_\_

State/*Estado* \_\_\_\_\_ Zip Code/*Codigo postal* \_\_\_\_\_

**Please check t-shirt size/Por favor marque la talla de camiseta:**

Youth/Jovenes

Small/Chico

Medium/Mediana

Large/Grande

Adult/Adulto

Small/Chico

Medium/Mediana

Large/Grande

Credit card processing fee/Tarifa por procesamiento de tarjeta de credito:

\$3.00

Total Amount Enclosed: \_\_\_\_\_

**Payment/Pagos**

Make check payable to **Palm Springs Art Museum**. Please include participant's name(s) on check, or pay by credit card.

*Haga cheque a nombre de **Palm Springs Art Museo**. Por favor de incluir el nombre del participante(s) en el cheque, o pague por medio de tarjeta de credito.*

Card Number/Numero de tarjeta

\_\_\_\_\_

Exp. Date/Fecha de vencimiento

Security Code/Codigo de seguro

\_\_\_\_\_

Name on Card/Nombre

\_\_\_\_\_

Signature/Firma

\_\_\_\_\_

Address/Domicilio

\_\_\_\_\_

City/Ciudad \_\_\_\_\_

State/Estado \_\_\_\_\_ Zip Code/Codigo postal \_\_\_\_\_



## Health History/Historia medica

You must complete this section to register/  
*Se requiere completar esta seccion para inscribirse*

Emergency Contact/*Contacto de emergencia*

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Relationship to participant/*Relacion familiar*

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Phone/*Telefono* \_\_\_\_\_

Family physician name/*Nombre del medico*

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Phone/*Telefono* \_\_\_\_\_

Student is under a physician's care for the following condition(s)/*El estudiante esta bajo cuidado medicos pr la(s) sigueente(s) condicion(es):*

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List of medication(s) student is taking/*Lista de medicamento(s) que el estudiante esta tomando:*

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List any special needs, food, or medical allergies/*Otras condiciones especiales or alergias medicas:*

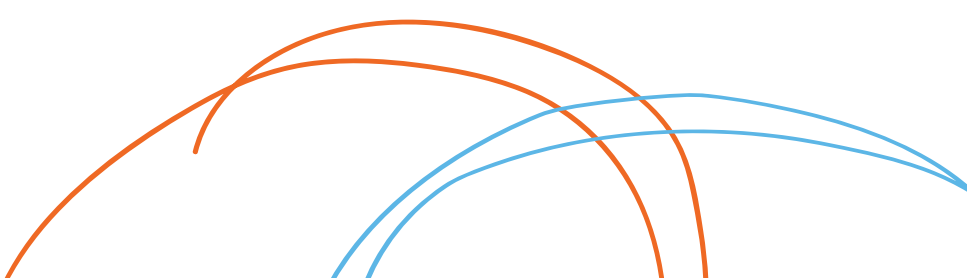
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Name of insurance carrier/*Nombre del seguro*

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Policy group number/*Numero de poliza* \_\_\_\_\_



## Health History/Historia medica

*Continued*

In case of emergency, I authorize and licensed physician, nurse or hospital to render such medical aid as may be deemed necessary and or desirable to the above named student. Registration in class(es) implies permission to use my child's name photographs and or artwork for promotional purposes.

*En caso de emergencia, yo autorizo a cualquier medico titulado, enfermero u hospital a dar ayuda medica de acuerdo a la necesidad setimada al estudiante antes mencionado. Inscripcion en clase(s) implica permiso para usar nombre, foros y obras de arte de los estudiantes para propositos de publicidad.*

Parent's/Legal Guardian's signature/*Firma del padre o guardian legal*

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Date/*Fecha*

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Mail, Fax or Email your registration to : *Envie por correo o via fax al:*

Museum Art Camp  
Palm Springs Art Museum  
101 Museum Drive  
Palm Springs, CA 92262  
Fax: 760-327-5069 / Email: [summerartcamp@psmuseum.org](mailto:summerartcamp@psmuseum.org)

For art camp questions please contact: Zach Fleming-Boyles at 760-322-4852 or email: [zfleming@psmuseum.org](mailto:zfleming@psmuseum.org)

For more information about memberships, please call our membership department at 760-322-4825/ *Para mas informacion acerca de inscripcion y la afiliación de miembros por favor llame al 760-322-4825*

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*El programa veraneego para ninos es posible gracias al apoyo de Barbara Platt. Fondos adicionales para becas y programas de educación del Palm Springs Art Museum ha sido proveidos por Coeta and Donald Barker Foundation.*

