



# Line Dancing Registration Form Spring 2021

Line dancing classes will be held in a safe parking lot with no traffic during class time.

All participants must maintain social distancing whenever possible.

All participants must wear masks correctly throughout the activities.

Please do not bring food to class.

There will be an indoor bathroom available for use by participants. If use of bathrooms leads to the need for janitorial services, an extra cleaning fee will be charged to the participant.

Participant Name \_\_\_\_\_  
First Name Last Name

Date of Birth \_\_\_\_\_ Gender:  Male  Female  Non-binary  
Month Day Year

Level of Independence (choose one):  Minor  Guardianship  Independent

Phone Number \_\_\_\_\_ Second Phone Number \_\_\_\_\_

Participant's Home Address

Street Address \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

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

Living status (choose one):

- Live alone with paid care providers
- Live alone with family providing care
- Live alone, no care providers
- Live in group home with paid care providers
- Live in shared housing with one roommate
- Live in shared housing with more than one roommate
- Live with family

Is the participant's mailing address the same as the home address?  Yes  No

Participant's Mailing Address (Complete if different from Home Address)

Street Address \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

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

Email \_\_\_\_\_

Confirm email address \_\_\_\_\_

What transportation will participant use to get to the Field Trip location? (choose one)

- Drive self
- Dropped off by family or care provider
- Dropped off by Clallam Connect bus
- City's fixed bus routes

Will a Family Member or Care Provider be with the participant during the Field Trip?

- Yes
- No

Name of Emergency Contact \_\_\_\_\_  
First Name Last Name

Phone Number of Emergency Contact \_\_\_\_\_

Email of Emergency Contact \_\_\_\_\_

Name of Second Emergency Contact \_\_\_\_\_  
First Name Last Name

Phone Number of Second Emergency Contact \_\_\_\_\_

Email of Second Emergency Contact \_\_\_\_\_

Wheelchair Dependent?  Yes  No

Special Communication Needs?  Yes  No

Please explain any special communication needs:

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Sensory Issues? (check all that apply)

- Yes, sensitive to loud noises
- Yes, sensitive to flickering/strobe lights
- Yes, sensitive to bright lights
- Yes, sensitive to smells
- Yes, sensitive to touch
- Yes, sensitive to "scratchy" or other textures against skin
- Other sensory issue (Please contact Mosaic)
- No sensory issues

List all relevant allergies

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List all relevant health issues

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Physician Name \_\_\_\_\_  
First Name Last Name

Physician Phone Number \_\_\_\_\_

Due to limited space, we may limit the number of Line Dancing Classes you may attend. Fee: \$5 per class. All Line Dancing Classes will be held from 1 to 2 pm.

**Line Dancing: Saturday, April 10                      Saturday, May 8                      Saturday, June 12**

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

I would like to attend additional Line Dancing classes:

Wait list for:  Saturday, April 10                       Saturday, May 8                       Saturday, June 12

To finish registration, please make sure that you have also completed:

- In-Person Code of Conduct Form
- Covid-19 Liability Release Waiver
- Covid-19 Questionnaire

Thank You!

Please enclose payment with your registration form for your primary choice. Make check payable to: Clallam Mosaic.

Clallam Mosaic  
301 E Lopez Ave, #4  
Port Angeles, WA 98362

To make payment arrangements call: Catherine McKinney, 360-681-8642  
Priya Jayadev, 360-797-3602