

FREEING THE CAGED BIRD



A Retraining Program for Developing Well-Coordinated,
Injury-Preventive Keyboard Technique

with

BARBARA LISTER-SINK

Intensive Training Week Registration Form & Questionnaire

Send this form with application fee of \$50 and video tape to:

Barbara Lister-Sink, Executive Director

WINGSOUND International

P.O. Box 575

Lewisville, NC 27023

DATE OF WORKSHOP _____ TODAY'S DATE _____

NAME _____

STREET/APT # _____

CITY _____ STATE/CO. _____ ZIP _____

TELEPHONE _____

CELL PHONE _____

EMAIL _____

DATE OF BIRTH _____

QUESTIONNAIRE

1) Nature of your involvement in music/professional: *(please list title/employee/school/degrees)*

2) Number of years you have played the piano/organ/keyboard:

3) Have you ever been injured from playing your instrument? If so, please describe the time and nature of the injury.

4) Please describe briefly the type of technical training you have received thus far.

5) Are there any medical, health or other pertinent factors which you believe should be brought to the instructors' attention before participating in this workshop?

6) How did you learn of this program?

7) What specifically would you like to address during the training?

WINGSOUND is not liable for injury at any time during the training program. Trainee is solely responsible for maintaining his/her own well-being through a prudent, mindful awareness of his or her physical limitations and abilities. Payment is expected on the first day of training, unless otherwise agreed upon by the instructor. By signing I agree to these terms.

Signature of participant _____ Date _____

Signature of parent or guardian (*where applicable*) _____ Date _____

NOTE: PLEASE INCLUDE WITH YOUR APPLICATION A VIDEO TAPE OF YOUR PLAYING IF AT ALL POSSIBLE. DURATION: 10 MIN. MINIMUM.