



# Youth Application For *Motocross Mind Magic™ Training*

While it may appear to be treatment hypnotherapy is really a re-learning process. Therefore, we refer to what we do as training. We are about to create for you a custom, positive mental-fitness training program that will address your particular, special needs. In order to achieve maximum effectiveness in your training, we must have as much accurate information about you and your situation as possible. Therefore, we ask that you be thorough in completing this application. All of your answers are kept strictly confidential.

Thank you for your cooperation.

**Please Print Clearly or Type your answers**

Date \_\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Street Address or P. O. Box \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Day Time Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

Fax No. ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Age \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Male  or Female

Occupation \_\_\_\_\_ If Student, Grade or Classification \_\_\_\_\_

Name of Place of Employment or School \_\_\_\_\_

Religious Preference (optional) \_\_\_\_\_

Interests and Hobbies \_\_\_\_\_

Have you previously been hypnotized? Yes  or No  • If Yes, when, for what purpose and the result?

\_\_\_\_\_  
\_\_\_\_\_

Do you take any type of mind-altering drugs (alcohol, prescription drugs or other)? Yes  or No

If yes what and how often? \_\_\_\_\_

\_\_\_\_\_

Have you ever been diagnosed as having: Attention Deficit Disorder? Yes  or No ;

Schizophrenia? Yes  or No ; Bipolar disorder? Yes  or No ; Clinical Depression? Yes  or No ;

Do you usually snore when you sleep? Yes  or No

Are you allergic to anything? Yes  or No  • If Yes What? \_\_\_\_\_

How did you learn of our services? \_\_\_\_\_





## ***MOTOCROSS RACER'S QUESTIONNAIRE***

Most athletes, including motocross racers, never reach their full potential due to having (unknowingly) placed mental limits on their performance. These barriers to success, which are the result of the interpretations placed upon the happenings in your life, become part of the rider's racing. The purpose of the training, which you are about to receive, is to remove those emotional barriers, negative programming and mental blocks.

In order to adjust our techniques to your particular situation, we must have as much knowledge about you and your racing as possible. Sometimes it is difficult for a rider to admit that he/she has a fear or fears, yet fear in it's many different forms is the major factor that will keep a rider from doing his best. **It's Ok to admit fear(s) and we must know about your fears in order to get rid of them.** With this in mind, please answer each one of the following questions by checking the appropriate box.

Input from parents and/or coaches is welcome in this section.

<b>Do You Experience The Following?</b>	<b>NEVER</b>	<b>SOMETIMES</b>	<b>OFTEN</b>	<b>ALWAYS</b>
Nervousness or fear on race day -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervousness or fear during a race -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure from parents or others -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling of any type of pressure -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fear of severe criticism from parents or others -----</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wishing you were somewhere other than the race track ---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being too hard on yourself for mistakes -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings that racing is not fun -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of self-confidence -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Being intimidated by other riders -----</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings that you are not good enough -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not doing your best so as to not make another look bad ---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of aggressiveness on the track -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of motivation -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of concentration -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentration is disrupted by a near crash -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentration is disrupted by a crash by someone else ----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fear of crashing -----</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fear of getting injured -----</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fear of jumps -----</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fear of going fast -----</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty in getting the feel for a track -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty passing -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty lapping slower riders -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty passing in turns -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty in passing on a jump -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Not doing your best in big races</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do You Experience The Following?   NEVER   SOMETIMES   OFTEN   ALWAYS**

<b>Fear of not pleasing your parents or sponsors -----</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Difficulty in passing in the whoops -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failure to make a pass quickly (following too long) ----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving up if passed -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with starts -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with whoops -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with rough and rutted sections -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with wet sections -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not going deep enough into turns -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty in choosing the best line through a turn -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with right turns -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with left turns -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with sweeper turns -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with tight turns -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fear of racing in general -----</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Difficulty in learning new techniques -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm Pump -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please answer the following questions by circling your answer.**

Do you really want to race ? **YES      NO**      •      Is motocross your favorite sport? **YES      NO**

Are you presently injured? **YES      NO**

Please list any other negative situations, which you are experiencing that have not been covered so far.

---



---



---



---



---



---



---



---

[\\_Go On To next questions](#)

# COMMUNICATION QUESTIONNAIRE

The purpose of this questionnaire is to help us to determine the proper approach for your mental fitness training. Since no two people are exactly the same, a different approach may be required for each individual.

There are five parts to this questionnaire. The first two parts ask almost the same questions, but there will always be some sleight, but important differences. Please read each question very carefully and answer every question as it pertains to you. If the subject of the question has **ever** happened the answer in most cases the answer should be **“Yes”**.

Parents of young children my read and explain these questions to their child, but the answers must come from the child (the racer) with no prompting or coaching from the parent.

## SECTION 1 Of Communication Questionnaire

Check One in Each Column ✓  
**YES NO**

1.	Have you ever walked in your sleep?		
2.	Do you feel comfortable expressing your feelings to one or both of your parents?		
3.	Do you have a tendency to look directly into a person's eyes when you are talking about something interesting?		
4.	Do you feel that most people are OK with the way you look?		
5.	Do you usually feel comfortable taking to people you have just met?		
6.	Do you feel comfortable holding hands with or hugging one or both of your parents in front of other people?		
7.	When someone talks about feeling warm physically, do you begin to feel warm?		
8.	Do you occasionally have a tendency to tune out when someone is talking to you <u>because you are anxious to come up with your side of it</u> , and at times, not even hear what the other person said?		
9.	When asked a question that can be answered with a simple “yes” or “no” do you usually find it difficult to give an answer without also explaining your answer?		
10.	In a new class at school do you usually feel comfortable asking questions in front of the group?		
11.	When expressing your ideas, do you find it important to tell all the details leading up to the subject so the other person can understand it completely?		
12.	Do you enjoy being with other kids?		
13.	Do you find it easy to be at ease and comfortable with your body movements when you are with people you don't know?		
14.	Do you prefer reading or watching on TV fiction (not real) rather than non-fiction (real)?		
15.	If you were to imagine sucking on a sour, bitter, juicy, yellow lemon, would your mouth water?		
16.	If you feel that you deserve to be complimented for something well done, do you feel comfortable if the compliment is given to you in front of other people?		
17.	Do you feel that you are a good conversationalist?		
18.	Do you feel comfortable when someone says you look nice?		
19.	Do you have many vivid memories from your early childhood?		
20.	Do you tend to lose yourself in movies, books, and/or TV shows?		
21.	Do you tend to know what people are going to say before they say it?		
22.	Do powerful visual images ever trigger a physical sensation with in you? (For example: do you feel thirsty while watching a desert scene in a movie or on TV?)		
23.	Have you ever “Zones Out” while going somewhere and wondered how you had gotten there?		
24.	Do you ever sense when someone has entered a room before you see actually that person?		
25.	Do you like to look at cloud shapes?		
<b>Go On To next questions</b>			

<b>SECTION 2 Of Communication Questionnaire</b>		<b>Yes</b>	<b>No</b>
1.	Have you ever awakened in the night and felt that you could not move or talk?		
2.	Are you more affected by the tone of your parents' voices rather than by what they actually say?		
3.	If you hear some one talking about a fear that you have experienced, do you have a tendency to again feel that fear?		
4.	If you have been in a argument with someone, afterwards, do you think about what you could have or should have said?		
5.	When someone is talking to you do you have the tendency to "tune-out" and not hear what is being said because your mind drifts to other things?		
6.	Do you sometimes desire to be complimented for a job well done, but feel embarrasses or uncomfortable when the compliment is given?		
7.	Do you often have a fear or a dread of not being able to carry on a conversation with someone you've just met?		
8.	Do you feel self-conscious when attention is drawn to your physical body and/or your appearance?		
9.	If you have your choice, would you rather avoid being around adults most of the time?		
10.	Do you feel that you are not relaxed or loose in body movements when you are with unfamiliar people or circumstances?		
11.	Are you usually offended or upset when someone gives you a direct order to do something or speaks bluntly to you?		
12.	If someone describes a bitter taste do you have trouble tasting it in your imagination?		
13.	Do you general see yourself less favorably than your parents see you see you?		
14.	Do you feel awkward of self-conscious holding hands or kissing your parents in front of your friends?		
15.	In a new class do you usually feel uncomfortable asking questions in front of the group, even though you may desire further explanation?		
16.	Do you feel uneasy if someone you have just met looks directly into your eyes when talking to you, especially if the conversation is about you?		
17.	In a group situation with people you have just met, would you feel uncomfortable drawing attention to yourself by starting a conversation?		
18.	Do you have difficulty talking to your friends about the way you really feel about your parents?		
19.	Do smells or odors seldom or never produce memories for you?		
20.	Do you seldom experience any emotions when looking at a beautiful sunset?		
21.	Are you often surprised by comments made by other people?		
22.	Do you consider yourself to be quiet and reserved?		
23.	Do you have a tendency to remember your mistakes and or failures more than your successes?		
24.	When you are angry do you usually try to suppress that anger?		
25.	Do you have a low tolerance for pain?		
<b>Go On To next questions</b>			
<b>SECTION 1 Of Learning Style Questionnaire</b>		<b>YES</b>	<b>NO</b>
1.	When you put something together, do you usually read the directions first?		
2.	Can you usually tell directions like north and south no matter where you are?		
3.	When looking at objects on paper, can you usually determine if they are the same no matter which way they are turned?		
4.	When others are talking, do you usually create mental pictures of what they are saying?		
5.	Do you prefer reading a newspaper to hearing the news on radio?		
6.	Do you like to write letters or keep notes in a journal?		
7.	When you recall an experience do you usually see pictures of it in your mind?		
8.	Do you often doodle when you are on the phone or in a meeting?		
9.	Do you like reading more than listening to audiotapes?		
10.	Can you multiply and add quickly in your head?		
11.	Do you like spelling and think you are a good speller?		
12.	Do you like to write down instructions that people give to you?		
13.	Do you like to keep written records?		
14.	Do you typically read billboards while driving or riding in an automobile?		
15.	Do you put something together easily using written directions?		
16.	Do you often do things in your imagination before you do them physically?		
17.	Do you review for a test by writing summary or notes?		

18.	Do you write on napkins in a restaurant?		
19.	Do you commit a zip code or phone number to memory by writing it?		
20.	Do you use visual images to remember names?		
21.	Do you consider yourself to be a bookworm?		
22.	Do you plan the upcoming week by writing it down?		
23.	Do you prefer written (rather than verbal) instructions from a teacher or employer?		
24.	Do you prefer to get a map and find your own way in a strange city?		
25.	Do you often think in images rather than words?		
<b>Go On To next questions</b>			
<b>SECTION 2 Of Learning Style Questionnaire</b>		<b>YES</b>	<b>NO</b>
1.	Do you prefer to hear a book on tape rather than reading it?		
2.	When you are alone, do you usually have music playing or do you hum or sing?		
3.	When you talk, are you likely to say things like, "I hear ya", "that sounds good" or "that rings a bell."?		
4.	Do you feel that without music, life wouldn't be much fun?		
5.	Are you usually very comfortable in social groups and/or can you usually strike up a conversation with most anyone?		
6.	Do you like talking better than writing?		
7.	Is it easy for you to talk for long periods of time on the phone with your friends?		
8.	When you recall an experience, do you usually hear the sounds and talk to yourself about it?		
9.	Do you know most of the words to the songs you listen to?		
10.	Can you easily remember what people say?		
11.	Do you get very distracted if someone talks to you when the TV is on?		
12.	In School do you like music class better than art class?		
13.	Do you prefer to have someone else read instructions or directions while you are building or assembling something or cooking?		
14.	Do you review for a test by reading notes aloud or by talking with others?		
15.	Do you talk aloud when working on math problems or crosswords?		
16.	Do you prefer listening to a cassette over reading the same material?		
17.	Do you commit zip codes or phone numbers to memory by saying them aloud?		
18.	Do you uses rhyiming words to remember names?		
19.	Do you plan the upcoming week by taking it through with someone?		
20.	Do you usually remember what someone has said to you?		
21.	Do you like to stop at a service station for directions in a strange city?		
22.	Do you prefers talking / listening games?		
23.	Do you keeps up on the news by listening to the radio?		
24.	Are you able to concentrate deeply on what another person is saying?		
25.	Do you spend much of your free time by talking with others?		
<b>Go On To next questions</b>			
<b>SECTION 3 Of Learning Style Questionnaire</b>		<b>YES</b>	<b>NO</b>
1.	Do you like playing sports better than reading books?		
2.	Is your room, office, desk, car and/or house usually disorganized?		
3.	Do you like working with your hands and building or making things?		
4.	Do you like sports and think you are a pretty good athlete?		
5.	Do you usually say things like, "I feel, I need to get a handle on it, or get a grip"?		
6.	When you recall an experience, do you mostly remember how you felt about it?		
7.	Do you prefer to act things out rather than to write about them?		
8.	Do you usually speak slowly?		
9.	Is your handwriting usually not neat?		
10.	Do you often use your finger to point at the words when you read?		
11.	Do you learn best by doing?		
12.	Is it hard for you to sit still for a long period of time?		

13.	Do you like to build things or working with your hands?		
14.	Do you use your sense of touch to put things together?		
15.	Can you easily distinguish items by touch in the dark or blindfolded?		
16.	If you were to take a typing course do you think that you could learn the touch system rapidly (or did you)?		
17.	Do you often move with the rhythm or beat of music?		
18.	Do you doodle or draw on any available paper?		
19.	Are you an out-of-doors type of person?		
20.	Are you well coordinated in your body movements?		
21.	Do you spend a large amount of time on crafts, handiwork and/or wood working?		
22.	Do you like to feel the texture of things?		
23.	Do you prefer playing sports over playing computer games?		
24.	Do you find it fairly easy to keep physically fit?		
25.	Do you use your free time for physical activities?		

I, *(print name)* \_\_\_\_\_ do hereby make application to **MFTI, Inc.** doing business as **Your Mental Gym** to receive Positive Mental Fitness Training for the purpose of improving my performance in motocross racing and certain other areas of my life that I have listed and/or indicated on page 4 of this application. I also acknowledge that a form of energy healing known as Energy Psychology may be performed by Jack Rhodes, PhD as part of this process

I have been informed that the methods used in Energy Psychology are designed to reduce life stress, reduce stress and fears associated with racing, increase physical and emotional wellbeing and in the long term attain a more empowered life-style. This is obtained through the learning of ancient as well as modern self help tools. They include elements of Biophysics, Quantum Mechanics, Psychology and Spirituality.

I further understand that, because these methods are relatively new, the extent and breath of their effectiveness, including risks and benefits, are not yet fully known. I have been advised of the following:

- Emotional, physical discomfort or memories of past stressful situations may surface briefly, during sessions that neither Dr. Rhodes I can fully anticipate.
- If other distressing emotions continue to surface after the first session that is an indication of other incidents that may need to be address.
- I will be learning how to perform personal self care by working with my own energy system to deal with any other negative emotions that may arise.
- Previously vivid memories of stressful situations may fade. This could adversely impact my ability to provide detailed legal testimony regarding a past traumatic incident.

I am also aware that hypnosis for non-medical and non-health care purposes may be used in this training. I acknowledge that the procedures and cost of this training have been explained to me to my satisfaction and I also acknowledge that no expressed or implied warranties or guarantees are being made in regard to the outcome of this training.

I have been advised that there are currently no known side effects to the use of hypnosis or energy-oriented techniques, when properly used by a trained practitioner.

I have been advised that hypnosis and energy healing are not a substitute for adequate medical or psychiatric treatment. I have been advised not to stop any current medical treatment without previous consultation with my health care practitioner.

I acknowledge that the procedures and of this training have been explained to me to my satisfaction and

I accept full responsibilities for all of my actions and I agree to hold harmless Jack D. Rhodes and MFTI, Inc.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Complete the following section if you are the parent or legal guardian of the minor child herein making application for hypnosis mental fitness training.**

I, (print name) \_\_\_\_\_ am the parent or legal guardian of the minor child making application for this training and I hereby give and grant permission to MFTI, Inc, doing business as Your Mental Gym, to provide mental fitness training services for and to the minor child named above.

I have been informed that the methods used in Energy Psychology are designed to reduce life stress, reduce stress and fears associated with racing, increase physical and emotional wellbeing and in the long term attain a more peaceful and empowered life-style. This is obtained through the learning of self help energy tools derived from ancient Chinese, Hindu and Tibetan traditions. They include elements of Biophysics, quantum Mechanics, Psychology and Spirituality.

I further understand that, because these methods are relatively new, the extent and breath of their effectiveness, including risks and benefits, are not yet fully known. I have been advised of the following:

- Emotional, physical discomfort or memories of past stressful situations may surface during session that neither Dr. Rhodes nor I can fully anticipate.
- Should distressing emotions continue to surface after the first session that might be an indication of other incidents or issues that may need to be address.
- The above named minor child will be learning how to perform personal self care by working with his/her own energy system to properly resolve any such issues.
- Previously memories of stressful situations may fade. This could adversely impact my ability to provide detailed legal testimony regarding a past traumatic incident.

I am also aware that hypnosis for non-medical and non-health care purposes will be used in this training. I acknowledge that the procedures and cost of this training have been explained to me to my satisfaction and I also acknowledge that no expressed or implied warranties or guarantees are being made in regard to the outcome of this training.

I have been advised that there are currently no known side effects to the use of hypnosis and/or energy-oriented techniques, when properly used by a trained practitioner.

I have been advised that hypnosis and energy healing are not a substitute for adequate medical or psychiatric treatment. I have been advised not to stop any current medical treatment without previous consultation with my health care practitioner.

I acknowledge that the procedures and of this training have been explained to me to my satisfaction and

I accept full responsibility for the actions of the above named minor child and I agree to hold harmless MFTI, Inc. and Jack D. Rhodes

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**STOP HERE**

**Accepted for MFTI, Inc By** \_\_\_\_\_ **Date** \_\_\_\_\_

---

When you have completed filling out this application please bring it with you when you come in for your first session. **If you have any questions please call (405) 397-6690. For more information you may visit the web site [www.YourMentalGym.com](http://www.YourMentalGym.com)**