

*Jack Rhodes'*

# Your Mental Gym

## Application For Motocross Mental Fitness 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, from this time forward, we must have as much accurate information about you and your situation as possible. Therefore, we ask that you be as thorough in completing this application. All of your answers are kept strictly confidential. Thank you for your cooperation.

**Please Print or Type**

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 \_\_\_\_\_

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Have you been hypnotized in the past? Yes  or No  • If Yes for what purpose? \_\_\_\_\_

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

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

Have you ever been diagnosed as having Attention Deficit Disorder? 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 you have placed upon the happenings in your life, have become part of your racing.

The purpose of the training, which you are about to receive, is to remove those barriers, but in order to adjust our techniques to your particular situation, we must have as much knowledge about your racing as possible. With this in mind please answer each one of the following questions by checking the appropriate box.

## Do You Experience The Following?

	NEVER	SOMETIMES	OFTEN	ALWAYS
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"/>
Severe criticism from parents or others -----	<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"/>
Being intimidated by other riders -----	<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"/>
Fear of disappointing or angering a sponsor -----	<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"/>
Fear of crashing -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of getting injured -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of jumps -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do You Experience The Following?**

	NEVER	SOMETIMES	OFTEN	ALWAYS
Being intimidated by big races -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of going fast enough to win -----	<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"/>
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"/>
Fear of racing in general -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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**



# Receiver, Communicator & Learning Style Questionnaire

This following assessment questionnaire will provide us with the knowledge that we need on how you receive, process, store, act upon and communicate information. This is necessary so that we will know how to phrase the wording of the suggestions that we give to you while you are in hypnosis.

There are five parts to this questionnaire. Some of the questions may appear to be the same as others, but there will always be some sleight, but important differences. Please read each question very carefully and **answer every question**.

#	PART ONE QUESTIONS	Check One ✓	
		YES	NO
1.	Have you ever walked in your sleep during your adult life?		
2.	As a teenager, did 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 and/or move closer to them when discussing something interesting?		
4.	Do you feel that most people you first meet are uncritical of your appearance?		
5.	In a group situation with people you have just met, would you feel comfortable drawing attention to yourself by initiating a conversation?		
6.	Do you feel comfortable holding hands or hugging someone you are in a relationship with in front of other people?		
7.	When someone talks about feeling warm physically, do you begin to feel warm also?		
8.	Do you occasionally have a tendency to tune out when someone is talking to you because you are anxious to come up with your side of it, 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 qualifying or explaining your answer?		
10.	When expressing your ideas, do you often leave sentences unfinished or "dangling" and go on to your next idea?		
11.	When expressing your ideas, do you find it important to relate all the details leading up to the subject so the other person can understand it completely?		
12.	Do you enjoy relating to other people?		
13.	Do you find it easy to be at ease and comfortable with your body movements, even when faced with unfamiliar people and circumstances?		
14.	Do you prefer reading 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, would 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.	When speaking do you have a tendency to use a lot of pronouns, such as "he", "she" and "it"?		
19.	Do you have many vivid memories from your 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 actually see that person?		
25.	Do you like to look at cloud shapes?		
	<b><i>This Box Is For Office Use Only – Assessment of part one</i></b>		
	<b>PART TWO QUESTIONS</b>	<b>YES</b>	<b>NO</b>
1.	Have you ever awakened in the middle of the night and felt that you could not move or talk?		
2.	When you were a child were you more affected by the tone of your parents' voices rather than by what they actually said?		
3.	Can you usually take a hint and/or get the point of a joke quickly?		
4.	If you have been in an argument with someone, after the argument is over do you have a tendency to think about what you could have or should have said?		
5.	Do you have a tendency to give direct orders to others and to make blunt statements?		
6.	Do you sometimes desire to be complimented for a job well done, but feel embarrassed 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 or your appearance?		
9.	If you have your choice, would you rather avoid being around children most of the time?		
10.	Do you feel that you are not relaxed or loose in your body movements when you are faced with unfamiliar people or circumstances?		
11.	Are you usually offended or upset when someone gives you a direct order to do something?		
12.	If someone describes a bitter taste do you have difficulty experiencing the physical feeling of it?		
13.	Do you generally see yourself less favorably than others see you?		
14.	Do you feel awkward or self-conscious initiating touch (holding hands, kissing, etc.) with someone you are in a relationship with in front of other people?		
15.	In a new class or lecture situation 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.	If you are in a relationship or very close to someone, do you find it difficult or embarrassing to speak of your love for that person?		
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?		
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<b><i>ASSESSMENT OF PART TWO</i></b>			
<b><i>PART THREE QUESTIONS</i></b>		<b>YES</b>	<b>NO</b>
1.	When you put something together, do you usually read the directions first?		
2.	Wherever you are can you usually tell directions like north and south?		
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 images (mental pictures of what they are saying) in your mind?		
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 mental pictures of it?		
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?		
15.	Do you put something together easily using written directions?		
16.	Do you follow written recipes easily when cooking?		
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 directions from an 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><i>This Box Is For office Use Only – Assessment Of Part Three</i></b>			

<b>PART FOUR QUESTIONS</b>		<b>YES</b>	<b>NO</b>
1.	When watching a sporting event (in person or on TV) do like to listen to the radio broadcast of the same event?		
2.	When you are alone, do you usually have music playing or do you hum or sing to yourself?		
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?		
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.	Do you like music better than art?		
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 rhyming words to remember names?		
19.	Do you plan the upcoming week by taking it through with someone?		
20.	Do you prefers oral instruction from an employer or a teacher?		
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><i>This Box Is For Office Use Only – Assessment Of Part Four</i></b>			
<b>PART FIVE QUESTIONS</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.	Had you rather do something rather than watch someone else do it?		
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 person?		
20.	Are you well coordinated in your body movements?		
21.	Do you spend a large amount of time on crafts and handiwork?		
22.	Do you like to feel the texture of things?		
23.	Do you prefer movement games to games where one just sits?		
24.	Do you find it fairly easy to keep physically fit?		
25.	Do you use your free time for physical activities?		
<b><i>This Box Is For Office Use Only</i></b>			
<b><i>ASSESSMENT OF PART FIVE</i></b>			

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 hypnotherapy and a form of energy healing known as Energy Psychology will 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 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 briefly during the session that neither Dr. Rhodes nor I can fully anticipate.
- I will be learning how to perform personal self care by working with my own energy system to neutralize any and all negative or distressing emotions that may arise in the future.
- 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 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 neither are not medical treatments nor are they substitutes 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 accept full responsibilities for all of my actions and I agree to hold harmless Jack D. Rhodes and MFTI, Inc.

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

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

The MFTI, Inc. office is located in suite 221 of the Weokie Credit Union Office Building at 5909 North West Expressway in Oklahoma City. That is near the intersection of MacArthur and N.W. Expressway.

**If coming from the south** take Interstate 35 into Oklahoma City to the junction with Interstate 40 west (toward Amarillo). Go west on I-40. Exit onto I-44 east toward Tulsa. You will actually be going north on I-44, but the designation is east.

Move into the center lane and stay there for a little while. After a couple of miles I-44 will split off to your right. By staying in the center lane you will then be on the Lake Hefner Parkway.

After the I-44 split you can move over into the extreme right lane and look for the N.W. Expressway exit. Take that exit ramp and stay in the left lane. It's up a rather steep grade. At the top of that hill, at the signal light, take a left. You are then on N.W. Expressway about 2.5 miles from my office building.

**If you are coming in from the southwest** on I-44, after you pass under I-40 move into the center lane and stay there for a little while. After a couple of miles or so, I-44 will split off to your right. By staying in the center lane you will then be on Lake Hefner Parkway.

After the I-44 split you can move over into the extreme right lane and look for the N.W. Expressway exit. Take that exit ramp and stay in the left lane. It's up a rather steep grade. At the top of that hill, at the signal light, take a left. You are then on N.W. Expressway about 2.5 miles from my office building.

The entrance to the Weokie Credit Union Office building will be on your right, just beyond the intersection of N.W. Expressway and MacArthur. It is just passed a drive in restaurant called the Charcoal Oven.

If the parking lot in front of the building is full there is plenty of parking in the rear. If you park in the rear enter the building through the tunnel and take the first entrance. The elevator is just inside.

Call me when you get to the building (405) 397-6690) and I will meet you in 2<sup>nd</sup> floor lobby, just inside the glass doors.