



# PRE-TEEN APPLICATION FOR MX MENTAL 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 effective-ness 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? \_\_\_\_\_





## Do You Experience The Following?

	Never	Sometimes	Often	Always
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"/>
Fear of going fast -----	<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**

# 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>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 embarrases 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 rhyming 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 prefer talking / listening games?		
23	Do you keep 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?		

**Please list any other problems that you are experiencing that are not listed above.**

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I, *(print name)* \_\_\_\_\_ do hereby make application to MFTI, Incorporated, doing business as *Your Mental Gym*, for Positive Mental Fitness Training for the purpose of improving my motocross racing and certain areas of my life that I have listed and/or indicated on page 2 of this application. I am aware that hypnosis for non-medical and non-health care purposes may be used in this training. I acknowledge that no medical diagnosis and or treatment will be conducted and 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.

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

***IMPORTANT: The following section must be read, completed and signed by the parent or legal guardian of the minor child herein making application for motocross mental 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 to provide hypnosis mental fitness training services for and to the minor child named above.*

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

**STOP HERE**

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

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**When you have completed filling out this application and signed it please return to: MFTI, Inc.  
5909 Northwest Expressway, Suite 2121  
Oklahoma City, OK 73132**

**Or bring it with you when you come in for your first session.**

**If you have any questions please call **(405) 397-6690****

**The web site is [www.islandinstitute.net/mx.htm](http://www.islandinstitute.net/mx.htm)**

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