



YOUTH IMPACT PROGRAM

Phone Number: 702-625-2417 * Email: info@realtalkyip.org

Website: www.realtalkyip.org

Facebook: Real Talk NV

Registration Form

(All forms must be completed and signed prior to submitting to Real Talk staff)

Parent/Guardian: _____

Email: _____

Phone Number: _____

Address: _____

City State Zip Code

Participant Name: _____

Age: _____ D.O.B.: _____ Gender: _____ Grade: _____

Participant's Ethnicity: African-American _____ Hispanic _____ Caucasian _____

Asian _____ Pacific Islander _____ Other _____

Parent/Guardian Annual Income: _____

Is participant currently under a juvenile court order: Yes ___ No ___

Is participant under Probation/Parole: Yes ___ No ___

If not, is participant voluntarily attending this program: Yes ___ No ___

Presenting Problems:

Substance Abuse ___ Alcohol ___ Drugs ___

Gang Involvement: Yes ___ No ___ Unknown _____

Other: _____

The participant will attend all three required Change One meetings: Yes ___ No ___

T-Shirt size: Small ___ Medium ___ Large ___ XL ___ 2X ___ 3X _____



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Parent/Guardian Waiver For Youth Participation

I, _____ am the parent/guardian of _____ and I give permission for _____ to participate in the Real Talk Youth Impact Program. I understand that the Program utilizes former and present federal offenders that will be sharing their personal experiences about their lives. I understand that the Program’s intent is to keep the members stories as authentic as possible and to keep the content of their stories as professional as possible. However, I understand that there may be instances wherein the authenticity of their stories may be offensive to me and my child. I agree to permit _____ to attend the Program. I understand and agree that I fully and forever release, acquit, waive and discharge liability of the Real Talk Youth Impact Program for any of the content or personal information released throughout the duration of the program.

The parent or guardian of the undersigned juvenile hereby consents and authorizes the undersigned juvenile to participate in the Real Talk Youth Impact Program.

(Signature is required in order for the above noted youth to participate in the Program)

Print Name: _____
Participant

Signature: _____ Date _____
Participant

Print Name: _____
Parent/Guardian

Signature: _____ Date _____
Parent/Guardian Signature



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Participant's Waiver/Request For Extra-Curricular Activity

Name: _____ (print)

Parent/Guardian: _____ (print)

Age: _____

Phone number:

_____ (cell): _____

Are you currently under any court order: Yes No Pending

Probation Officer: _____

Number: _____

Are you currently in violation: Yes or No N/A

Activity/Program you would like to participate

In: _____

Do you currently attend school: Yes or No

Do you have a 2.0 average or better in school: Yes or No

By signing this form, I agree that the requested extra-curricular program I wish to participate in is voluntary and provided by local organizations at no cost to me. Should I be given the opportunity to attend the requested activity, I agree to actively participate for a minimum of three months attend/participate in all required practices, lessons, or any other requirements for the selected program, and attend all three Change One Meetings in order to be considered for the requested activity. I understand and agree that the sponsorship provided for me will only be a minimum of three months and that I will maintain a 2.0 average or better in school while participating in the requested activity. Should I fail to attend the activity/program selected as required, my sponsorship will be removed. Should I successfully complete the Real Talk Program I understand that my support for the selected activity will be assessed to determine if further funding/sponsorship will be permitted for me to continue participating in the selected activity.

The undersigned understands that this program is completely voluntary and knowingly assumes any and all risks arising from and related to _____. The undersigned agrees to fully and forever release, acquit, waive and discharge liability of the Real Talk Youth Impact Program and _____, and any other of their employees, volunteers, agents or independent contractors, for any sole act, joint act and/or omission (not amounting to gross negligence or willful misconduct), resulting in individual or collective claim/s, losses, damages, personal injuries, emotional distress, or illness of the undersigned. **The parent or guardian of the undersigned juvenile agree the noted and hereby consents and authorizes the undersigned juvenile to participate in the following activity:**

Print Name: _____
Participant

Signature: _____
Participant Date

Print Name: _____
Parent/Guardian

Signature: _____
Parent/Guardian Signature Date



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Participant Initial Survey

Participant
Number: _____

(all questions must be answered prior to submitting to Real Talk staff)

(Circle Answers)

1. Gender: Male or Female
2. Age: 8-12 13-15 16-18
3. Ethnicity: Black Hispanic Asian White Native American Other
4. My parent/guardian has been in jail or prison.

Yes or No

5. I have a family member currently in jail or prison.

Yes or No

6. I have been arrested for committing a crime.

Yes or No

7. I have positive people I look up to.

1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree

8. I have hobbies/activities that you enjoy? (for example: sports, computers, music, etc.)

1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree

9. I like when someone makes me feel proud.

1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree

Participant # _____ (Participant Initial Survey Continued)

10. I have a talent that I do not use?

1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree

30

11. I have future goals.

1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree

12. I respect my parent/guardian.

1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree

13. I respect myself.

1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree

14. I believe that I can benefit from the Program?

1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree

15. I believe the Program will inspire me to be a better person.

1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree

16. I believe the Program will be effective for me.

1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree

17. I believe I can learn something from hearing the Real Talk members speak.

1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree

18. I am a member of a gang.

1 2 3 4 5
Strongly disagree disagree undecided agree strongly agr



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Participant Initial Survey

Participant

Number: _____

(all questions must be answered prior to submitting to Real Talk staff)

1. Who inspires you and what are their specific characteristics that inspire you?
2. What things in life are you passionate about?
3. What have you done that makes you feel proud?
4. Do you have a talent that you do not use and if so, what is it?
5. Do you have any future goals?
6. Where do you see yourself in a year?
7. What would you like to get from the Program that could assist you with having a positive future?



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Parent/Guardian Initial Program Survey

Participant

Number: _____

(all questions must be answered prior to submitting to Real Talk staff)

1. What do you hope participant will get from attending the Real Talk Program?
2. Are you the parent/guardian of the participant?
3. Are you a single parent?
4. What is your relationship to the participant?
5. How old is the participant?
6. Does the participant have children? Yes No Not sure
7. Does participant associate with negative peers? Yes or No
8. Is participant involved in a gang? Yes No Not sure
9. Does participant abuse drugs? Yes No Not sure Unknown
10. Circle any of the following that participant lacks (**circle all that apply**):
Positive role model Spiritual guidance Direction Respect Goals
Positive peers Dreams Talent Motivation Self-esteem Mentors
11. What changes would you like to see in the participant?



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Parent Initial Survey

Participant

Number: _____

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1. The participant associates with negative peers.
1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree
2. The participant involved in a gang.
1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree
3. The participant abuses drugs.
1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree
4. The participant abuses alcohol.
1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree
5. The participant respect his/her parent or guardian?
1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree
6. I believe that the Program can be effective for the participant?
1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree
7. I have a good relationship with the participant.
1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree
8. The participant discusses his/her goals with me.
1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree
9. I believe the Program can be effective for all youth.
1 2 3 4 5
Strongly disagree disagree undecided agree strongly agree