



3170 W. Sahara Avenue Suite D23 Las Vegas, NV 89102
Phone Number: 702-625-2417 * Email: info@realtalkyip.org
Website: www.realtalkyip.org
Facebook: @ Real Talk NV

Registration Form

Parent/Guardian: _____

Email: _____

Phone: _____

Address/City/State/Zip Code: _____

Age: _____ DOB: ___/___/_____ Gender: M F Grade Level: _____

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

Were you referred by your probation officer (PO) or the judge: PO Judge

If not, is participant voluntarily attending this Program: YES NO

Presenting Problems:

Substance Abuse Alcohol Drug

Gang Involvement: Yes No Unknown

Other _____

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

T-shirt: Small Medium Large XL 2X 3X

Parent/Guardian Waiver for Youth Participation

I, _____ am the parent/guardian of _____ and I give permission for participant to take part in the Real Talk Youth Program. As part of this program, former and present federal offenders will impart their personal life experiences as authentically and professionally as possible. Due to their nature, these accounts may be somewhat offensive. I fully understand and agree to a lifetime relinquishing of any liability of the Real Talk Youth Program for any of the content or personal information released throughout the duration of the program.

The parent/guardian of participant hereby consents and authorizes participant to take part 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: _____

Participant

Date

Print Name: _____

Parent/Guardian

Date

Signature: _____

Parent/Guardian

Date

Parent/Guardian Authorization to Release Confidential Information

(Initials required)

I am the parent/guardian of participant and I give permission for participant to take part in the Real Talk Youth Impact Program. To facilitate efficiency within the Program, collaborations with outside organizations are in place. These partnerships will require participant’s personal information in order to accelerate the course of action for participant’s future elected services/activities. I understand and hereby consent to allow the Program to share confidential information regarding participant to any other agencies or third parties involved with the Program. Additionally, I agree to a lifetime relinquishment of any liability of the Real Talk Youth Impact Program for any of the content or personal information released throughout the duration of the Program.

Photo Video Release

By registering participant for the Real Talk Youth Impact Program, I parent/guardian understand that the participant and/or myself may be video recorded and photographed for the sole purpose of marketing the Program and its services. Additionally, the participant will have a graduation picture taken at the end of the Program and I consent and authorize the Program to use any photographs/video footage taken of me or participant at any program event, or other agencies or third parties associated with the Program.

Participant Waiver

I, participant, agree to take part in the Real Talk Youth Impact Program. This understanding includes participant engaging in good behavior and good character as well as participant not partaking or encouraging others in any way in the engagement/display of negative behavior. I also agree that should any inappropriate behavior be displayed or witnessed, I will be removed from the Program. Finally, I understand that the option of returning to the Program at a later date will be at the discretion of the Real Talk Program member's board.

The parent/guardian hereby consents to authorize participant to take part in the Real Talk Youth Impact Program.

Parent/Guardian Waiver Allowing Contact with Former Members

I am the parent/guardian of participant and have given prior permission for participant to participate in the Real Talk Youth Impact Program. I recognize that the Program does not encourage ongoing contact between current and former members (federal or state ex-convicts) and participants outside of the Program or following the completion of the Program.

Do you give permission to allow participant to have contact outside of the Real Talk Program with any current or past members. Yes NO

If checking Yes to above question, I parent/guardian of participant understand, consent and authorize participant to associate with current or former members of Real Talk outside of the Program. In doing so, I fully agree to a lifetime relinquishment of any liability of the Real Talk Youth Impact Program should any misconduct from a current or former member that I have elected participant to associate with outside of the Program occur.



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Participant's Waiver/Request for Extra Curricular Activity

Print Participant Name: _____

Print Parent/Guardian Name: _____

Age: _____

Phone Number: _____ Cell Number: _____

Are you currently under any court order: YES NO Pending

Probation Officer (PO): _____

Probation Officer Contact Number: _____

Are you currently in violation: YES NO N/A

Activity/ Program you would like to participate in: _____

Do you currently attend school: YES NO

Do you have a 2.0 average or better in school: YES NO

(Initials required)

I agree that this requested extracurricular program is voluntary and provided by local organizations at no cost to me. I must actively participate in the requested activity for a minimum of three months, attend/take part 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 my furnished sponsorship 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 participant understands that this program is completely voluntary and knowingly assumes any and all risks arising from and related to participant. The participant agrees to discharge liability of the Real Talk Youth Impact Program and participant and any other of their employees, volunteers, agents or independent contractors, for any sole or 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 participant. The parent/guardian of participant agrees the noted and hereby consents and authorizes participant to take part in the following activity.



Participant Initial Survey

Participant ID Number: _____

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

1. Gender: Male 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 No
5. I have a family member currently in jail or prison: Yes No
6. I have been arrested for committing a crime: Yes No

(Circle one answer for each question)

7. I have positive people I look up to.
1 2 3 4 5
Strongly Disagree Disagree Undecided Agree Strongly Disagree
8. I have hobbies/activities that you enjoy? (For ex.: sports, computers, music, etc).
1 2 3 4 5
Strongly Disagree Disagree Undecided Agree Strongly Disagree
9. I like it when someone makes me feel proud.
1 2 3 4 5
Strongly Disagree Disagree Undecided Agree Strongly Disagree
10. I have a talent that I don't use.
1 2 3 4 5
Strongly Disagree Disagree Undecided Agree Strongly Disagree
11. I have future goals.
1 2 3 4 5
Strongly Disagree Disagree Undecided Agree Strongly Disagree
12. I respect my parent/guardian.
1 2 3 4 5
Strongly Disagree Disagree Undecided Agree Strongly Disagree

Participant# _____ (Participant Initial Survey Continued)

13. I respect myself.

1 2 3 4 5
Strongly Disagree Disagree Undecided Agree Strongly Disagree

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

1 2 3 4 5
Strongly Disagree Disagree Undecided Agree Strongly Disagree

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

1 2 3 4 5
Strongly Disagree Disagree Undecided Agree Strongly Disagree

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

1 2 3 4 5
Strongly Disagree Disagree Undecided Agree Strongly Disagree

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

1 2 3 4 5
Strongly Disagree Disagree Undecided Agree Strongly Disagree

18. I am a member of a gang.

1 2 3 4 5
Strongly Disagree Disagree Undecided Agree Strongly Disagree



Participant Initial Survey Part II

Participant# _____

Answer the Following Questions:

1. What 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 made you feel proud?
4. Do you have a talent 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?



Parent/Guardian Initial Program Survey

Participant # _____

Answer All Questions:

1. What do you hope participant will get will get from attending the Real Talk Program?
2. Are you the parent/guardian of the participant? Yes No
3. Are you a single parent? Yes No
4. What is your relationship to 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 No
8. Is participant involved in a gang? Yes No Not Sure
9. Does participant abuse drugs? Yes No Not Sure Unknown
10. Check all of the following that participant lacks:
 Positive Role Model Spiritual Guidance Direction Respect Goals
 Mentors Positive Peers Dreams Tolerance Motivation Self-esteem
11. What changes would you like to see in the participant?



Parent/Guardian Initial Program Survey Part II

Participant # _____ **Choose one answer for each question.**

1. The participant associates with negative peers.

1 2 3 4 5

Strongly Disagree Disagree Undecided Agree Strongly Disagree

2. The participant is involved in a gang.

1 2 3 4 5

Strongly Disagree Disagree Undecided Agree Strongly Disagree

3. The participant abuses drugs.

1 2 3 4 5

Strongly Disagree Disagree Undecided Agree Strongly Disagree

4. The participant abuses alcohol.

1 2 3 4 5

Strongly Disagree Disagree Undecided Agree Strongly Disagree

5. The participant respects his/her parent or guardian.

1 2 3 4 5

Strongly Disagree Disagree Undecided Agree Strongly Disagree

6. I believe that the Program can be effective for the participant.

1 2 3 4 5

Strongly Disagree Disagree Undecided Agree Strongly Disagree

7. I have a good relationship with the participant.

1 2 3 4 5

Strongly Disagree Disagree Undecided Agree Strongly Disagree

8. The participant discusses his/her goals with me.

1 2 3 4 5

Strongly Disagree Disagree Undecided Agree Strongly Disagree

9. I believe the Program can be effective for all youth.

1 2 3 4 5

Strongly Disagree Disagree Undecided Agree Strongly Disagree

