



3170 W. Sahara Avenue Suite D23 Las Vegas, NV 89102  
Phone Number: 702-625-2417 \* Email: [info@realtalkyip.org](mailto:info@realtalkyip.org)  
Website: [www.realtalkyip.org](http://www.realtalkyip.org)  
Facebook: @ Real Talk NV

### Registration Form

Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address/City/State/Zip Code: \_\_\_\_\_

Participant Name: \_\_\_\_\_

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 the 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 the 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 the participant to have contact outside of the Real Talk Program with any current or past members.

If checking Yes to the 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 the 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 Agree

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 Agree

9. I like it when someone makes me feel proud.

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

10. I have a talent that I don't use.

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

11. I have future goals.

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

**Participant Initial Survey (continued)**

12. I respect my parent/guardian.

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

Participant# \_\_\_\_\_ (Participant Initial Survey Continued)

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 Real Talk members.

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 Agree



## ***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 the 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 Agree

2. The participant is 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 respects 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 Disagree	

