



General Contact Information Form

Child

First _____ Middle Initial ____ Last _____

Sex: Male __ Female__

Shirt Size_____

School Name _____ Grade _____

Birth date ____/____/____ Age ____ E-mail _____

Street Address #1

Street Address /P.O. Box #2 (If you have another home or place mail is delivered)

Town/City _____ State ____ Zip code _____

Cell Phone: (____) _____

Parent/Guardian

First _____ Last _____

Cell Phone: (____)

E-mail _____

Parent/Guardian #2

First _____ Last _____



Cell Phone: (____) _____

E-mail _____

Emergency Contact & Information Form

Emergency Contact #1

First Name: _____ Last Name: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Relation to child: _____

Emergency Contact #2

First Name _____ Last Name _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Relation to child: _____



Transportation Form

Student's Name _____ Date Form Completed _____

Student assigned mode of transportation:

Guardian Pick Up

MARTA

Walker

Please list those additional persons who are permitted to pick up the Child after programming is finished:

1: _____

2: _____

3: _____

(Signed Name of Parent/Guardian)

Date



Parental Consent and Liability Statement

I, the undersigned parent/guardian of (child's name)

_____ understand and agree that my son will be attending field trips throughout the course of The Noble Truth Project Inc. Program. Furthermore, I give permission for the child named above to accompany the Noble Truth Project Inc. staff and Glaciers Italian Ice LLC staff.

I hereby release Glaciers Italian Ice LLC and The Noble Truth Project Inc. employees from any and all liabilities incurred as a result of my child's attending/working on these field trips.

I also give permission to the staff of Glaciers Italian Ice LLC and The Noble Truth Project Inc. to seek medical attention for my child in the event it is required and I cannot be contacted. I further agree to be fully responsible for payment for any medical attention rendered.

Parent's Signature and Date



Medical Release Information Form

Insurance Information

Name of Health Insurance Provider: _____

Policy Number: _____

Physician's Name: _____

Phone: _____

Hospital Preference: _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Abnormality</u>	<u>Required Treatment</u>	<u>Medication Needed</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____



Case Study Consent Forum

You are invited to participate in a case study on reducing the maladaptive/aggressive behaviors and attitudes of juvenile males. The objective of this research project is to attempt to understand what factors lead to the occurrence of violence in young males. This research project is being conducted by the Noble Truth Project's research division. The case study and components of the research will be conducted over a period of 12- months, which will go along with your participation in the program.

PARTICIPATION

Your participation in this study is voluntary. You may say no and refuse to take part in the research at any time without penalty. You are free to decline to answer any particular question that you may feel is too personal.

BENEFITS

Your responses will help us expand our knowledge on factors that influence violent and aggressive behavior amongst young males. Results from this research will also enhance our understanding of relaxation techniques such as yoga, chess, and lessons on mindful behavior and economics are effective means of changing the habits of young males. Proper utilization of these techniques can lead to the expansion of the Noble Truth Project programs that are close in similarity; likewise, having a possible effect on lowering the poverty and recidivism rate in the Atlanta metro area.

RISKS

There are no foreseeable risks involved in participating in this study other than those encountered in day-to-day life.

OR

There is the risk that you may find some of the surveys and its questions to be sensitive.

OR



Some of the survey questions ask about depression, anger and also eating habits which may be upsetting to you as you think about your experiences.

OR

The possible risks or discomforts of the study are minimal. You may feel a little uncomfortable answering personal or sensitive survey questions.

CONFIDENTIALITY

Your survey answers will be kept confidential and used for statistical data only. No one other than the researchers will be able to identify you or your answers, and no one will know whether or not you participated in the study.

CONTACT

If you have questions at any time about the study, its procedures or your participation, you may contact us (Jalani Traxler) at (404) 549-9600 or at admin@nobletruthproject.com. If you have any other concerns, including issues with the researchers, please contact the Program Manager.

CONSENT

Please select your choice below. You will receive a copy of this consent form for your records.

Selecting "Agree" indicates that

- You have read the above information
- You voluntarily agree to participate

Agree

Disagree

Parent's Signature and Date



Photo, Video and Sound Recording Consent Release Form

By signing this Photo, Video and Sound Recording Release and Consent Form, you are irrevocably giving permission to the Regents of the Noble Truth Project to take and use photographs, video or sound recordings of you for the following project: [Glaciers Ice]. This is completely voluntary and up to you.

Your consent to the use of the photographs, video and sound recordings and your image, likeness, appearance, and voice is for forever. You will not receive compensation for the use of your image, likeness, appearance, and voice now or in the future. The Noble Truth Project may use the photographs, video and sound recordings containing your image, likeness, appearance and voice in any manner or media, including use on web pages. The photographs, video and sound recordings may be used in whole or in part, alone or with other recordings. The photographs, video and sound recordings may be used for any educational, institutional, scientific or informational purposes whatsoever. The Noble Truth Project has the right and may allow others outside the Noble Truth Project to copy, edit, alter, retouch, revise and otherwise change the photographs, video and sound recordings at the Noble Truth Project's discretion. All right, title, and interest in the photographs, video and sound recordings belong solely to the Regents of the Noble Truth Project.

You further give permission to the Noble Truth Project to use your name, biography, and any other personal data, events, or other material in or in connection with any such uses of the photographs, video and sound recordings.

I understand and agree to the conditions outlined in this photograph, video and sound recording release and consent form. I irrevocably give consent to the Regents of the Noble Truth Project to make use of my image, likeness, appearance, and voice in photographs, video and sound recordings as described above. I acknowledge that I am fully aware of the contents of this release and am under no disability, duress, or undue influence at the time of my signing of this instrument.

Parent's Signature and Date
