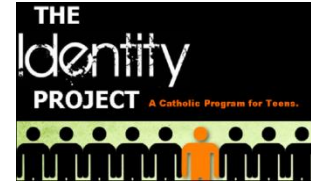


# Who am I? What am I looking for?

## The Identity Project can lead you to answers and YOU decide where to start looking.



**What is it?** The Identity Project is comprehensive Catholic formation for teens in Evansville and surrounding communities that allows them to choose topics that most interest them. More than “religious ed” – anyone can participate – whether they are in Catholic school, public school, home school, or are already active in their own home parish programs. **Everyone is invited.**

### And it’s flexible.

We know you’re busy. So the Identity Project meets for 2 hours one to two times a month, leaving lots more time for all your family and school commitments.

### What do I do next?

Sign up with your parish DRE or Youth Minister by October 2nd. There is a signup form, diocesan waiver, and medical form. Fees are determined by individual parish policies. Don’t forget to choose your topic!

### Here’s what we’re offering this year (topics rotate every 4 years):

- The Teen Timeline: Matthew & Acts – journey into the heart of God, encounter the authentic Jesus of the gospels, the evolution of the early Christian Church, heroic moments, powerful testimonies, daring escapes and incredible adventures. Discover the real life stories of the people who began it all and how they still influence your life today.
- VCAT: Morality – enjoy a series of entertaining short films and group discussion that explore the messy stuff of life: what it means to love God and love each other, how to be happy, what’s the big deal about gossiping, stealing, sex and so much more.

Dates & Times: Sundays 1:00-3:00pm – social time begins at 12:45  
at the St. Theresa campus, 700 Herndon Dr., Evansville

October 16	February 12
November 13	February 26
December 11	March 12
January 8	April 9
January 22	April 23

**For more info**, contact Identity Project Coordinator, Renee Kast, at (812) 305-5397 and [rkast@evdio.org](mailto:rkast@evdio.org), or contact your parish DRE or Youth Minister.

**THE IDENTITY PROJECT**  
**2016-2017 HIGH SCHOOL FORMATION REGISTRATION FORM**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Prefers to be called</b>
<b>Street Address</b>		<b>Grade</b>	<b>Gender</b>
<b>City, State, Zip</b>		<b>Birth date</b>	
<b>Father's Name (or guardian)</b>		<b>Father's Cell</b>	<b>Registered Home Parish</b>
<b>Mother's Name (or guardian)</b>		<b>Mother's Cell</b>	<b>School</b>
<b>Home Phone</b>	<b>Youth Phone</b>	<b>Family E-Mail Address (print clearly)</b>	
<b>Permission to text: Youth? Y / N    Parents? Y / N</b>		<b>Youth E-mail Address (print clearly)</b>	
<b>Other Emergency Contact Person(s)</b>		<b>Relationship</b>	<b>Phone #(s)</b>
<b>Person(s) w/Permission to Carpool or Alternate Pick-up</b>		<b>Phone #(s)</b>	

Please Check:

Parent/Guardian agrees to contact The Identity Project Coordinator or my Parish Catechetical Leader (PCL, DRE, or Youth Minister) in advance to report an expected absence.

Parent/Guardian agrees to alert The Identity Project Coordinator in advance by signed, written notice if youth has permission to leave the event with anyone other than those above listed parents, guardian, alternate pick-up, or emergency contact persons.

X \_\_\_\_\_  
**Parent/Guardian Signature** **Date**

**STUDENT'S IDENTITY PROJECT SESSION CHOICE FOR 2016-2017**  
 Number 1 and 2 in order of your preference.

\_\_\_\_\_ **The Teen Time: Matthew & Acts**      \_\_\_\_\_ **VCAT: Morality**

**PARENT PARTNERSHIP ROLES**

Parents and other adult volunteers are needed and encouraged to share in this formation program with your teen. Please indicate the area you, or someone you recommend, may be most interested in learning more about:

\_\_\_\_\_ **Facilitator**                      \_\_\_\_\_ **Assist Facilitator**  
 \_\_\_\_\_ **Assist With Childcare (if needed)**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email** \_\_\_\_\_  
(If other than above. Please print email clearly.)

PLEASE RETURN COMPLETED REGISTRATION FORM AND FEE  
 TO YOUR HOME PARISH BY OCTOBER 2<sup>nd</sup>, 2016.  
 Registration fees are payable to your home parish and are determined by individual parish religious formation department policies.

**Date Received:** \_\_\_\_\_  
**Date Paid:** \_\_\_\_\_  
**Amount Pd: \$** \_\_\_\_\_

**DIOCESAN EVENT WAIVER AND RELEASE**  
**CATHOLIC DIOCESE OF EVANSVILLE** (REV. 6/12)

Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parish/School/Program: \_\_\_\_\_ City: \_\_\_\_\_

Event: \_\_\_\_\_ Date(s): \_\_\_\_\_

I/We, the parent(s)/guardian(s) of the above named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville,

\_\_\_\_\_ Parish, \_\_\_\_\_ Pastor, and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

It is understood and agreed that neither the Parish, the Catholic Diocese of Evansville, any respective affiliate, successor, agent, employee, member, representative, adult sponsor, nor other volunteer is the insurer of my child's health and safety while he/she is at youth functions, engaged in supervised activities, including sports, or being transported in association with the event. I/We understand it to be my/our obligation to provide such insurance as I/we may desire to purchase to protect myself/ourselves and my/our child against the costs of sickness or injury.

In case of emergency or serious illness, should the above-named child require medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such medical treatment as may be considered necessary in the opinion of the attending physician.

I UNDERSTAND THAT MY SIGNATURE RELIEVES DIOCESAN AND/OR PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION LISTED ON THE DIOCESAN MEDICAL INFORMATION FORM (INCLUDING OVER-THE-COUNTER DRUGS).

Further, I/we acknowledge having read, or been made aware of the Diocesan Youth and/or Adult Codes of Conduct, the Diocesan Release for Media Recording, and the Diocesan Off-site Transportation Policy, and I/we agree to be bound by the terms and conditions set forth in those documents (copies available via [www.evansville-diocese.org/youth/forms](http://www.evansville-diocese.org/youth/forms)). I acknowledge and understand that any action on behalf of my/our child/dependent that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION**  
**CATHOLIC DIOCESE OF EVANSVILLE** (REV. 7/12)

Youth's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Street) (City, State, Zip)*

Parent/Guardian  
to Call in Emergency: \_\_\_\_\_  
*(Print Name) (Phone)*

If Parent/Guardian  
CANNOT be reached: \_\_\_\_\_  
*(Print Name) (Phone)*

Family Physician: \_\_\_\_\_  
*(Print Name) (Phone)*

Family Insurance Carrier: \_\_\_\_\_  
*(Print Name) (Phone)*

Insurance Policy Number: \_\_\_\_\_

Are parents living together:  Yes.  No.

With whom does child live?  Mother.  Father.  Other: \_\_\_\_\_

Is anyone, by court order or decree, designated as the sole, custodial parent? If so, list:  
\_\_\_\_\_

List anyone restrained from picking up child: \_\_\_\_\_

***I understand it is my responsibility to keep the youth minister informed about such matters and to provide copies of relevant court orders and decrees to officials.***

List any chronic or existing disease or medical problems (e.g. diabetes, asthma, epilepsy):

\_\_\_\_\_

List any medications your child is taking on a regular basis:

\_\_\_\_\_

\_\_\_\_\_

Should it become necessary, please list any instructions for care of the above:

\_\_\_\_\_

Place "X" in box if it is **NOT** acceptable for your child to be provided over-the-counter medications (e.g., commonly used pain, allergy, or nausea medications).

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*