



Dates & Times: Sundays 1:00-3:00pm – social time begins at 12:45 at Holy Redeemer,  
918 W Mill Rd., Evansville

October 18  
November 15  
December 6  
January 10  
January 24  
February 7

February 21  
March 7  
March 14  
April 11  
April 18

**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**  
**2020-2021 HIGH SCHOOL FORMATION REGISTRATION FORM**

\_\_\_\_\_  
**Last Name                                      First Name                                      Middle Name                                      Prefers to be called**

\_\_\_\_\_  
**Street Address                                      Grade                                      Gender**

\_\_\_\_\_  
**City, State, Zip                                      Birth date**

\_\_\_\_\_  
**Father's Name (or guardian)                                      Father's Cell                                      Registered Home Parish**

\_\_\_\_\_  
**Mother's Name (or guardian)                                      Mother's Cell                                      School**

\_\_\_\_\_  
**Home Phone                                      Youth Phone                                      Family E-Mail Address (print clearly)**

\_\_\_\_\_  
**Permission to text: Youth? Y / N      Parents? Y / N      Youth E-mail Address (print clearly)**

\_\_\_\_\_  
**Other Emergency Contact Person(s)                                      Relationship                                      Phone #(s)**

\_\_\_\_\_  
**Person(s) w/Permission to Carpool or Alternate Pick-up                                      Phone #(s)**

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 2020-2021**

Number 1 and 2 in order of your preference.

\_\_\_\_\_ **Morality**      \_\_\_\_\_ **Bible Study Life**

**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 1<sup>st</sup>, 2020.**  
**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: \_\_\_\_\_

