# 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 1st. 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):

Morality - "You shall love the Lord your God with all your heart, and with all your soul, and with all your mind. This is the great and first commandment. And a second is like it, You shall love your neighbor as yourself. On these two commandments depend all the law and the prophets." (Mt 22:37-40)

Jesus taught us the first principles of Catholic morality. Join us as we dive in and explores his teachings.

<u>Bible Study</u> – Come learn more about Christ and encounter his love for you. Deepen your faith. Learn how to live your faith in your daily life. The goal of our time together will be to become rooted in the reality of God's love for each and every one of us.

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

October 18	February 21
November 15	March 7
December 6	March 14
January 10	April 11
January 24	April 18
February 7	

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

### **THE IDENTITY PROJECT** 2020-2021 HIGH SCHOOL FORMATION REGISTRATION FORM

Last Name	First N	Name M	liddle Name	Prefers to be called
Street Address			Grade	Gender
City, State, Zip			Birth date	
Father's Name (or guard	lian)	Father's Cell	Registered H	ome Parish
Mother's Name (or guar	dian)	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 Contac	et Person(s)	Relationship	Phone #	$f(\mathbf{s})$
			DI	
Parent/Guardian ag written notice if you	grees to conta (PCL, DRE, grees to alert ' tth has permi	ct The Identity Pro or Youth Minister The Identity Projects ssion to leave the e	r) in advance to ct Coordinator event with anyo	tor or my Parish o report an expected abser in advance by signed, one other than those above
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TO YOUR <u>HOME PARISH BY OCTOBER 1<sup>st</sup>, 2020</u>. 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: A	Age: Grade:
Parish/School/Program:	City:
Event: D	Date(s):
I/We, the parent(s)/guardian(s) of the above named youth, her participation in the above event. I/We assume all risks and ha activities and transportation to and from the event. I/We do fi indemnify, and hold harmless the Bishop of the Catholic Dioc Parish,  their respective affiliates, successors, agents, employees, men sponsors, and other volunteers involved in the activities and the event from any and all claims, including claims of personal in damage, under any theory of law (including negligence, but no any way resulting from or arising in connection with the activities.	azards incidental to the conduct of the further hereby waive, release, absolve, cese of Evansville,  Pastor, and any of mbers, and representatives, adult transportation associated with the njury to my/our youth or property not reckless or intentional conduct) in
the event.	The and of transportation to the
It is understood and agreed that neither the Parish, the respective affiliate, successor, agent, employee, member, revolunteer is the insurer of my child's health and safety while in supervised activities, including sports, or being transporte understand it to be my/our obligation to provide such insurate protect myself/ourselves and my/our child against the costs of	epresentative, adult sponsor, nor other the he/she is at youth functions, engaged and in association with the event. I/We there as I/we may desire to purchase to
In case of emergency or serious illness, should the above-na and neither a parent nor the designated family physician granted for such medical treatment as may be considered neo physician.	can be contacted, consent is hereby
I UNDERSTAND THAT MY SIGNATURE RELIEVE PERSONNEL OF ANY AND ALL LIABILITY RELATED ANY PRESCRIBED MEDICATION LISTED ON INFORMATION FORM (INCLUDING OVER-THE-COUN	D TO THE ADMINISTRATION OF THE DIOCESAN MEDICAL
Further, I/we acknowledge having read, or been made aware Codes of Conduct, the Diocesan Release for Media Re Transportation Policy, and I/we agree to be bound by the te documents (copies available via www.evansville-diocese.or understand that any action on behalf of my/our child/dep Diocesan Code of Conduct may result in appropriate disc documents.	ecording, and the Diocesan Off-site erms and conditions set forth in those rg/youth/forms). I acknowledge and pendent that is inconsistent with the
I represent that I am at least 18 years of age, have read and un am competent to execute this agreement.	nderstand the foregoing statement, and
Parent/Guardian Printed Name:	
Signature:	Date:

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

1 Idd1033.	(Street)	(City, State, Zip)
Parent/Guardian		, ,
to Call in Emergency:	(Print Name)	(Phone)
If Parent/Guardian		(z nene)
CANNOT be reached:	(Print Name)	(Phone)
Γ il Dli .i	(17th Ivanic)	(1 none)
Family Physician:	(Print Name)	(Phone)
Family Insurance Carri	er:	
ranning insurance Carri	(Print Name)	(Phone)
Insurance Policy Numb	oer·	_
insurance I oney I vaint		
Are parents living toge	ther: Yes. No	
Are parents fiving toge		
With whom does child	live?Mother]	Father. Other:
Is anyone, by court ord	er or decree, designated as	the sole, custodial parent? If so, list:
List anyone restrained	from nicking un child:	
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		outh minister informed about such matters and t orders and decrees to officials.
to pro-	The copies of retermit com	t orders and decrees to officials.
I ist ann abnania an ani	-tin - dissess on an disslams	blama (a a diabataa aathuu anilanas)
List any enronic or exis	sting disease or medical pro	blems (e.g. diabetes, asthma, epilepsy):
List any medications vo	our child is taking on a regu	ılar basis:
Should it basama nasa	ggary, plagga ligt any ingtrue	etions for care of the above:
Should it become neces	ssary, piease list any mistruc	ctions for care of the above.
		ole for your child to be provided over-the-

Date

Parent/Guardian Signature