# HOLY FIRE INDIANAPOLIS

## Sat., February 28, 2026 - 5:00am to 7:30pm

## Pike Performing Arts Center

# INDIANAPOLIS, INDIANA

A Collaboration of Evansville Parishes

Holy Redeemer, St. Boniface, Corpus Christi, Resurrection, St. Philip, St Joe Co, St. Wendel, St. Francis Xavier, Good Shepherd, Holy Rosary, St Benedict, Annunciation, St. John the Baptist - Newburgh, St John Evangelist - Daylight

# For 6th, 7th & 8th Graders!

Noelle Garcia

Brian Greenfield

Most Rev. Charles C. Thompson

Giancarlo Bernini

REGISTRATION IS OPEN! ARCHINDYYM.COM/HOLY-FIRE

Hosted by the Archdiocese of Indianapolis

# A MIDDLE SCHOOL EVENT LIKE NO OTHER!

At Holy Fire, middle school Catholics are invited and challenged to embrace their baptismal call and the powerful, relevant gospel of Jesus. Through talks by dynamic speakers, witness by peers, inspirational praise and worship, and rich experiences of the Sacraments, Holy Fire helps young people feel seen, welcomed, and invited into a life-changing commitment to Christ.

## Time:

**5:00am drop-off** & signed in at the following locations:

- West and Northside parishes at **Holy Redeemer** (park in back lot, door 8-gym)
- East and Newburgh parishes at **St John Newburgh** (use school front entrance)

**7:30pm pick-up** at your location.

## Registration:

Complete the following and turn into **your** parish or school office:

- Evansville Diocesan Waiver
- Full Payment (made payable to your parish)

After initial registration is processed, you will receive a link to complete the Indianapolis Diocesan Waiver/Medical Form.

Search Holy Fire - NFCYM on YouTube to see a Promo Video!

## Cost:

**Registration Cost: $80 (by Jan. 16)**

*Fee includes HOLY FIRE Registration Fees, charter bus transportation, snacks, lunch, simple dinner and a T-Shirt. Students are welcome to bring extra snacks & water for the bus.

*Do not let cost deter you. Contact your parish for assistance/scholarship if needed.

## Adult Chaperones:

Adults are invited to join as chaperones and drive separately or ride the charter bus for $80. Fee for an adult includes registration fee, lunch, dinner and T-Shirt.

## Contact:

Call or text your Parish Youth Leader for more information or questions:

| | | |
|---|---|---|
| • St. Philip | Mary Weger | 319-383-4420 |
| • Holy Redeemer | Mary Jo Keen | 812-431-5919 |
| • Holy Rosary | Charlene Fiedler | 812-449-8559 |
| • St. Boniface | Jenny Mayer | 812-568-8570 |
| • St. Wendel/St. Francis Xavier | Sherie Cooley | 765-427-8199 |
| • St. John's - Newburgh | Olivia Phipps | 812-598-2383 |
| • St. Joe Co | Jessica Reckelhoff | 812-598-1151 |
| • Good Shepherd | Wade Lovell | 812-549-9562 |
| • St. Benedict | Catherine Shockley | 812-647-7861 |
| • Resurrection | Aubree Beyer | 812-893-7168 |
| • St. John Daylight | Cora Kirsch | 812-618-8090 |
| • Annunciation | Ashlee Owens | 812-779-7422 |

## Why Participate in Holy Fire?

The Youth Leaders of the Diocese of Evansville are excited to bring back an awesome event this year for our parishes... HOLY FIRE! HOLY FIRE is a one day event designed by national leaders in the youth ministry field for grades 6-8. It's jam-packed with dynamic keynote speakers, inspiring music, and an introduction to see the Catholic Church in a way you may have never seen it before!

For more info about HOLY FIRE, go to: https://archindyym.com/holy-fire-indy/

# Diocesan Waiver & Medical

**EVENT: JUNIOR HIGH HOLY FIRE CONFERENCE** **DATE: SATURDAY, FEBRUARY 28, 2026**

NAME _____AGE_____GRADE_____ TSHIRT SIZE (ADULT): XS S M L XL XXL XXXL

HOME PARISH/SCHOOL PROGRAM_____CITY_____

ADDRESS_____CITY_____ST_____ZIP_____

GUARDIAN'S NAME (PRINTED)_____ PHONE_____
IF GUARDIAN CANNOT BE REACHED, CALL PARENT EMAIL_____
NAME_____PHONE_____
FAMILY PHYSICIAN _____ PHONE_____
INSURANCE CARRIER _____ CARRIERS PHONE_____
POLICY #_____

LIST ANY CHRONIC OR EXISTING DISEASES, ALLERGIES, OR MEDICAL PROBLEMS (E.G. DIABETES, EPILEPSY, PEANUT ALLERGY):
_____

LIST ANY INSTRUCTIONS FOR CARE OF THE ABOVE IF NECESSARY OR ANY MEDICATIONS TAKEN ON A REGULAR BASIS:
_____

PLACE "X" HERE _____ IF IT IS NOT ACCEPTABLE FOR YOUR CHILD TO BE PROVIDED OVER-THE-COUNTER MEDICATIONS (E.G., COMMONLY USED PAIN MEDICATIONS).

ARE PARENTS LIVING TOGETHER? YES___ NO____ WITH WHOM DOES CHILD LIVE?_____
IS THERE ANYONE WHO BY COURT ORDER OR DECREE IS DESIGNATED AS THE PRIMARY OR SOLE CUSTODIAL PARENT?
_____
NAME ANYONE WHO HAS BEEN RESTRAINED FROM PICKING UP THE CHILD_____

I UNDERSTAND IT IS MY RESPONSIBILITY TO INFORM THE YOUTH MINISTER ABOUT SUCH MATTERS AND TO PROVIDE RELEVANT COURT ORDERS AND DECREES TO OFFICIALS.

## WAIVER FOR THE CATHOLIC DIOCESE OF EVANSVILLE

I/WE, THE PARENT(S)/GUARDIAN(S) OF THE ABOVE-NAMED YOUTH, HEREBY GIVE MY/OUR APPROVAL FOR HIS/HER PARTICIPATION IN THIS TRIP. 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, MY PARISH, MY 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 ATTACHED TO THIS 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.EVDIO.ORG/DIOCESAN-FORMS-FOR-OYAYA). 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 must sign. ++++++

SIGNATURE_____PRINTED NAME_____DATE_____