



# 2026 Assumption Vacation Bible School June 22-26

Please return to office by June 10  
with \$5 registration fee!

## Participant Information

Name: \_\_\_\_\_

Grade Completed: **K 1 2 3 4 5** Age: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Allergies, medical conditions or special needs: \_\_\_\_\_

## Volunteer Information

Would you like to volunteer as: **Confirmation Student** **Adult Leader**  
(circle one)

## Parent/Guardian Information

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

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## Pickup Information

Name : \_\_\_\_\_ Name : \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PARENTAL PERMISSION AND RELEASE AND WAIVER OF LIABILITY**

I/we agree to have our child participate in the parish VBS program. And, I/We agree on behalf of myself/ourselves, and my/our child named herein to release and waive any and all claims for damages which I/we or our child may have, so as to release and discharge in advance those parties hereinafter named and further agree to indemnify, hold harmless, and defend the Roman Catholic Bishop of Las Cruces, his successors, the Diocese of Las Cruces, Assumption of the Blessed Virgin Mary Catholic Church, its officers, directors and agents, volunteers, chaperones, and/or representatives from any and all liability arising from or in connection with my/our child and the parish religious education program or in connection with any illness or injury or cost of medical treatment.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date