



Camp Admin: 84 Seminary Street Ext. Middlebury VT 05753  
Phone: 740-398-4464  
Website: [www.tpscamps.com](http://www.tpscamps.com)

Dear Parent/Guardian,

Thank you for completing the required health and insurance forms for your child. Please send these forms to Anne Rueppel, our Camp Administrator, **within 2 weeks of registering your child**. We greatly appreciate your prompt attention to these important forms. The completed forms must be received in order for your camper to attend.

Below are the details for mailing and emailing the required forms:

- 1) Scan and email forms to Anne Rueppel – [arueppel@tpscamps.com](mailto:arueppel@tpscamps.com)
- 2) Send via postal mail to:  
TPSC – Anne Rueppel  
84 Seminary Street Ext.  
Middlebury, VT 05753
- 3) After June 1, 2018 – Please scan and email forms only.

If you have any questions about the forms or need any additional information, please call Anne at 740-398-4464. We look forward to working with your camper this summer!

Sincerely,

Anne Rueppel and the Total Performance Staff



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**HEALTH / MEDICAL FORM:**

Please complete this form in its entirety. This required information will be helpful in the unlikely event of an accident or sudden illness. **Due: 2 weeks after registration**

**Check the box for your camp:**

- Kenyon Competitive Stroke Camp 1
- Kenyon Competitive Stroke Camp 2
- Kenyon Competitive Stroke Camp 3
- Calvin Competitive Stroke Camp
- Elite Camp - \_\_\_\_\_

Camper name: \_\_\_\_\_

Family Physician: \_\_\_\_\_

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

Physician Phone: \_\_\_\_\_

**1) Camper Health History – check the box if “YES” to any of the below and give details:**

**Allergies (check if “YES”):**

- Hay Fever \_\_\_\_\_
- Insect Stings \_\_\_\_\_
- Penicillin \_\_\_\_\_
- Food allergies – ie: gluten, peanuts, etc. (if “YES,” please describe):  
\_\_\_\_\_

Allergies to other medications (please specify the medication and reaction):  
\_\_\_\_\_

**Diseases/Conditions (check if “YES” and give approx. dates):**

- Chicken Pox \_\_\_\_\_  Asthma \_\_\_\_\_
- Mononucleosis (Mono) \_\_\_\_\_  Depression/Anxiety \_\_\_\_\_

**2) Please list any health conditions/injuries that may affect your child’s participation in any camp activities. What precautionary measures must be taken?**

**3) IMMUNIZATIONS: \*I certify that my son/daughter is up-to-date on all pediatrician/CDC recommended vaccines: YES /NO (circle one)**

**4) Please give approximate dates for the following vaccines:**

*(If not applicable to your child based on age please leave blank)*

Dtap/TD/Tdap (Tetanus, Diphtheria, Pertusis vaccine) \_\_\_\_\_

Tetanus booster \_\_\_\_\_

Meningococcal Conjugate Vaccine (MCV) \_\_\_\_\_

**5) \*I hereby state that, to the best of my knowledge, my answers to the above questions are correct.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**6) READINESS TO COMPETE:** The Participant(s) and undersigned parent/guardian of the Participant(s) agree that the Participant(s) will only participate in those Total Performance Sports Camps, LLC activities for which the Participant(s) is/are physically and psychologically prepared to compete. By signing this Agreement we represent that the Participant(s) has/have been examined by a physician and has/have been cleared to participate in a competitive sports camp, that we know the Participant(s) to be physically and psychologically prepared to compete, and that we are unaware of any physical or psychological condition that renders or may in the future render the Participant(s) unfit to participate in a Total Performance Sports Camps, LLC activity. Furthermore, we understand that Total Performance Sports Camps, LLC reserves the right to remove the Participant(s) from participation in any camp activity or from the camp entirely, without reimbursement, if the TPSC staff determines the safety and overall well-being of the Participant(s) or other participants is compromised by the his/her/their physical or psychological readiness to compete.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_





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**INSURANCE FORM:**

*Every camper must have this form on file. **Due: 2 weeks after registration***

**Camper Name:** \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Phone Number of Insurance Company: \_\_\_\_\_

Group # / ID #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

**Should my camper require medical attention, I understand that I am responsible for paying any costs not covered by insurance.**

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



**If not available in an emergency please contact:**

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



Phone Number: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_