

# CHECK IN INFORMATION



**CHECK IN IS ON  
SUNDAY, JUNE 16  
1:30PM - 4:30PM**

## CONTACT US

[info@eihpc.com](mailto:info@eihpc.com)  
[eihpc.com](http://eihpc.com)  
[facebook.com/eihpc](https://facebook.com/eihpc)



# CHECK IN PROCEDURES



Check in times are staggered based on the camper's last name in order to help alleviate check in congestion. Please DO NOT arrive before your scheduled time. *Exception is given to those that are carpooling.*

**A-F BEGINS AT 1:30PM      G-M BEGINS AT 2:30PM      N-Z BEGINS AT 3:30PM**

**If you are not able to make it during normal check-in time, please email us by Friday, June 15 to let us know you will be delayed. On Sunday, June 16, you may text Katie at 563-599-6528 to provide an ETA of your arrival.**

**Allow 1.5 hours to fully check-in your camper.**

*Campers will be sent to the barns at 5:00pm to begin chores/feeding/watering. Parents who are not scheduled to volunteer Sunday night will be asked to leave at this time.*



## CAMP ADDRESS

**Great Jones County Fairgrounds, 700 N Maple St., Monticello, IA**

*Trailers will pull into the livestock gate entrance off of East 9th St. The gate off of East 8th St. will only be used for trailers and vehicles exiting the fairgrounds.*

**CAMPERS ARE REQUIRED TO GO THROUGH THE ENTIRE CHECK-IN PROCEDURE WITH THEIR PARENT/GAURDIAN.**

### STEP #1

Upon entering the fairgrounds from East 9th St., trailers will be guided by our volunteers to enter a check in line around the barns. **Horses are NOT to be unloaded until instructed to do so.** You will be asked to show your horse's health papers and Coggins test if applicable. You will keep the health papers to turn in at our registration table later. **You'll be given your stall number so that you can unload your horse, tack, and supplies. This number is also your "Camper Number"**

#### **PLANNING TO LEAVE YOUR TRAILER AT CAMP?**

Park and unhook in the designated grassy area on the north side of the barns on the opposite side of the fence. To access this area, enter off of 10th Street.

### STEP #2

**Next move up to the Berndes Center for final check-in requirements.**

Campers will receive their name tags, welcome bag, camp t-shirt, schedule, etc.

You'll need the following in this line:

- **Copy of Horse's Health Papers dated within 30 days of June 16, 2024.**
- **Copy of negative Coggins Test if the horse is from out of state.**
- **CASH for Camper's Snack Card.** Most camper's get through the week with \$20 on their snack card.
- **Camper Health Statement, Medical Release & Waiver of Responsibility (Form CN1)**
- **Over the Counter Medication Permission Form (Form CN2)**
- **Camper medications, if needed, to be checked-in with the Camp Nurse.**
- **Cell Phone Policy - optional if the camper wishes to have a cell phone or "smart device" (Form CC1)**

**New campers will have one of our Mentors go through the line with you and give you a quick tour of the camp grounds, review the schedule, and answer any questions there may be.**

### STEP #3

**Final step is to unload your final items in to the "dorms".** Space is limited, plan accordingly. Single air-mattresses or cots are required. Cots are highly suggested so that items can be stored under the cot.

## HEALTH STATEMENT, MEDICAL RELEASE &amp; WAIVER OF RESPONSIBILITY



Camper's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Age as of 6/17/24: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Contact Number: \_\_\_\_\_

If parent or guardian is not available, who should be contacted in case of emergency?

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Camper's Medical Information: To be filled out DAY PRIOR TO START OF CAMP.**

*Physical by a doctor is NOT required.*

Last examination by a physician: Month: \_\_\_\_\_ Year: \_\_\_\_\_ Last Tetanus Shot: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Did the camper have any of the following conditions within the past week?

☐ Sore Throat ☐ Head Cold ☐ Chest Cold ☐ Diarrhea ☐ Fever ☐ Other (List) \_\_\_\_\_

Has the camper been exposed to any communicable diseases within the last two weeks, included COVID? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

**Health history of the above camper:** ☐ Diabetes ☐ Rheumatic Fever ☐ Mononucleosis (within last year) ☐ Ulcers

☐ Hepatitis ☐ Migraines ☐ Hypoglycemia ☐ Convulsions ☐ Respiratory

**Food Allergies:** \_\_\_\_\_ **Medication Allergies:** \_\_\_\_\_

Other diseases or details of above: \_\_\_\_\_

**Please list any medications being taken - including Tylenol. These medications must be turned into the Camp Nurse at check in. Medications will be dispensed when needed by the Camp Nurse.**

**MEDICAL CONSENT & RELEASE**

I, \_\_\_\_\_ (Parent/Guardian) of \_\_\_\_\_ (Camper) Age \_\_\_\_\_ do hereby give permission to the personnel of the Eastern Iowa Horse & Pony Camp, to secure and authorize such emergency medical care and/or treatment as my child (above named) might require while under supervision of said horse camp while at the camp itself. I also agree to pay the entire cost and fees contingent on any emergency medical and/or treatment for my child as secured and authorized under this consent. This authorization shall remain effective during the entire period that the aforesaid minor is enrolled at the Eastern Iowa Horse & Pony Camp. I will also provide my Insurance Companies Name, Policy number, and phone number for the camp to use if my child needs medical care.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Insurance Company Name:** \_\_\_\_\_

**Policy #** \_\_\_\_\_

**Ins. Co. Address:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**WAIVER OF RESPONSIBILITY**

It is understood that all persons participating in the Eastern Iowa Horse & Pony Camp agree to make no claim against the camp, its organizational committee, any camp volunteers, The Great Jones County Fairgrounds, or anyone acting on behalf of the camp, for any loss, or injury to any property, person, or animal, resulting from any cause. All animals and campers shall be under the entire control of the camp personnel and organizational committee, but neither the camp nor any personnel will in any case be held responsible for any loss or damage that may occur to any person, property, or animal. All animals brought to camp shall be brought at the sole risk of the camper and their family.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print name of Parents/Guardian:** \_\_\_\_\_

## OVER-THE-COUNTER MEDICATION PERMISSION



The following over-the-counter medications will be available to campers during the Eastern Iowa Horse and Pony Camp week, June 16-22, 2024. Signature on the bottom of this form is my authorization to give my child these medications.

Please check the medication(s) your son/daughter may receive for minor health problems such as a cold, menstrual cramps, headache, sore throat, sore muscles, backache, sprains and upset stomach. These medication(s) will be given following the prescribed dosage on the medication packaging and with parent/guardian consent. If you have any questions, please contact our camp nurse.

Camper's Name: \_\_\_\_\_ Age as of 6/17/24: \_\_\_\_\_

**I give permission for the above camper to receive the medication(s) checked below, according to the prescribed dosage on the medication packaging.**

☐ **ALL MEDICATIONS LISTED**

☐ Acetaminophen (e.g. Tylenol)

☐ Acetaminophen/Sudafed(e.g. Tylenol/Sinus)

☐ Ibuprofen (e.g. Advil, Motrin)

☐ MS-Aid (e.g. menstrual cramp relief)

☐ Lozenges (Cough drops)

☐ Antihistamine (e.g. Benadryl)

☐ Hydrocortisone cream (Itch relief)

☐ Cough syrup

☐ Nasal decongestants

☐ Roloids, Tums

**Please list all known allergies** (medications or other):

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**Parent/Guardian Signature**

**Date**

## CELL PHONE POLICY AND RELEASE FORM



**Campers have the option to bring cell phones to camp this year.** All camper phones will be logged in during check in and stored in a numbered slot in the snack bar area in the Berndes Center. **This also includes any smart devices, including watches.**

Campers will be allowed access to their phone once daily before breakfast. They can use their phones from the time their morning chores are completed until the breakfast line is open (approximately 20 minutes daily).

**In order to access phone:**

- Morning chores must be completed.
- Mentors will accompany campers to the phone check out line and confirm to a board member that chores are completed.
- Phones must stay in the Berndes Center at all times.

Once the breakfast line is opened, campers are expected to promptly return phones where they will be stored until the next morning.

**Charging will not be available** *as we don't have space to charge 100+ phones. A best practice would be for the camper to power their phone off when returning it for the day.*

**Camp is not responsible for lost, stolen and/or damaged phones.**

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**Print Name of Camper**

**Camper #**

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**Signature of Camper**

**Date**

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**Print Name of Parent/Guardian**

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**Signature of Parent/Guardian**

**Date**

# SUPPLY LIST 2024



ITEM	PACKED
BEDDING - single cot/air mattress, blankets, pillows, etc	
Clothes for the week - jeans, shirts/tanks, sweatshirt, shorts	
Riding boots, closed toed shoes, sandals, shower shoes	
Rain gear - rubber boots, rain coat, etc	
Shower supplies, towels, wash cloth, toiletries, shower sandals	
Laundry bag, some plastic bags for wet or muddy clothes.	
Hat, sunglasses, sunscreen, lip balm with SPF, bug spray	
<b>APPROVED ASTM or SEI RIDING HELMET - REQUIRED</b>	
<b>Medallion Award Paddle if you have attended camp previously.*</b>	
Outfit for professional photos. This happens on Tuesday afternoon. Background will be black this year.	
Optional: cards/games	
Optional: swimsuit or trunks	
Optional: Lariat for roping	

**\*If you have lost your Camp Paddle and need a replacement, you may purchase one for \$25**

ITEM	PACKED
<b>EQUINE HEALTH PAPERS BY A LICENSED VETERINARIAN DATED WITH IN 30 DAYS.</b>	
<b>CURRENT NEGATIVE COGGINS TEST</b> FOR ANY HORSES FROM OUT OF THE STATE OF IOWA	
<b>Stall Shavings</b> - 2 bags is recommended. A 3rd can be handy. <i>You will have to strip the stall and clean it out entirely at the end of the week!</i>	
Feed for the week: hay, grain, etc. Small salt block.	
Stall fork/pick and shovel	
Manure bucket or wheel barrel.	
Grooming supplies: curry, brushes, combs, hoof pick, etc.	
<b>Two halters and leads. One should be a rope halter.</b>	
Tack - blanket/ad, saddle, bridle, split reins, roping/reins (optional)	
Saddle rack, organizing hooks to hang halters, leads, etc.	
Optional: clippers and bathing supplies	

**Split reins are required.**  
**Check all tack to ensure its in good working condition, is safe and fits the horse.**



# CAMP MAP 2024



**ENTER AT E 9TH ST  
WHEN YOU ARRIVE AT  
CAMP.**

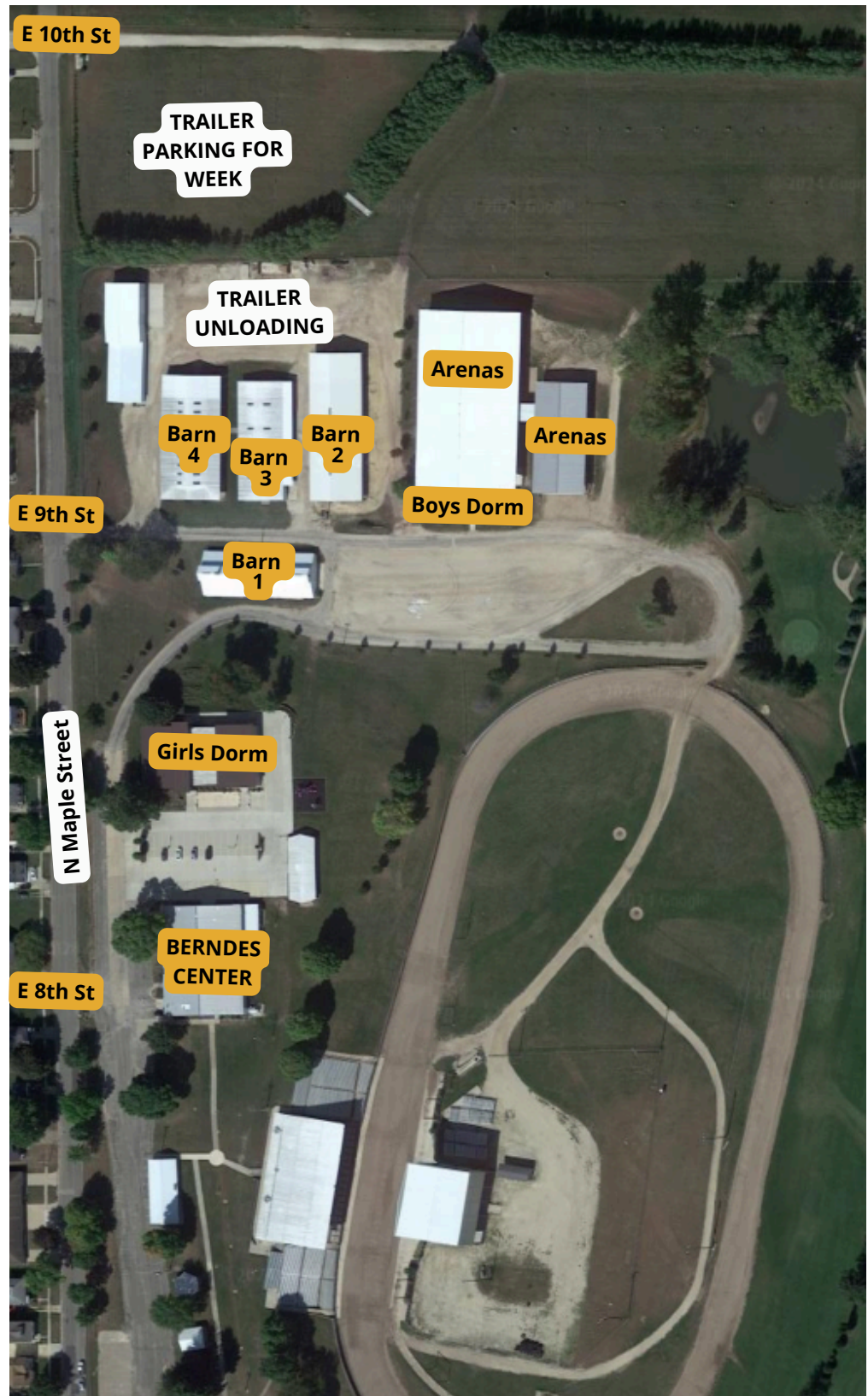
**FOLLOW DIRECTIONS OF  
VOLUNTEERS TO TRAILER  
UNLOADING**

**ONCE TRAILER IS  
UNLOADED AND IF  
YOU WILL BE KEEPING  
IT AT CAMP FOR THE  
WEEK, EXIT AT 8TH ST  
BY THE BERNDES  
CENTER AND GO  
NORTH ON MAPLE  
STREET AND TURN ON  
TO E 10TH STREET TO  
TRAILER PARKING.**

**SECOND STEP OF  
REGISTRATION IS AT  
THE BERNDES CENTER.**

**UNLOAD DORM  
ITEMS LAST.**

**REMINDER: THE EXIT  
FOR CAMP IS 8TH  
STREET.**



# CONTACTS DURING CAMP



**IF YOU HAVE ANY QUESTIONS OR CONCERNS DURING THE WEEK OF CAMP, PLEASE CONTACT ANY OF THE FOLLOWING BOARD MEMBERS.**

**Nick Meyer (563-343-2670)**

**Matt King (563-543-0064)**

**Ben Urbain (563-599-8500)**

**Jason Burke (563-249-5124)**

**Katie Kotz (563-599-6528)**

**Brooke Balichuk (319-269-3011)**

**Jessica Hingtgen (563-542-3418)**

**Sue Manternach (563-543-4355)**

**Michael Wolken (319-480-3178)**