CHECK IN INFORMATION



CONTACT US

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ORSE & PONY CAN

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.

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 #3

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.

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 & WAIVER OF RESPONSIBILITY

FORSE & PONY CRINE

Camper's Name:	Grade Level: Age as of 6/15/25:
Address:	City/State/Zip:
Parent/Guardian #1:	Contact Number:
If parent or guardian is not available, who should be co	ontacted in case of emergency?
Name: Relatio	on: Phone:
Camper's Medical Information: To be filled out DAV <i>Physical by a doctor is NOT required.</i>	PRIOR TO START OF CAMP.
Last examination by a physician: Month: Year:	Last Tetanus Shot: Month: Year:
Did the camper have any of the following conditions within Sore Throat Head Cold Chest Cold Diarrhea	the past week?
Has the camper been exposed to any communicable diseas	ses within the last two weeks, included COVID?
If yes, please explain:	
Health history of the above camper: Diabetes Rhe	eumatic Fever 🗌 Mononucleosis (within last year) 🗌 Ulcers
Hepatitis Mi	graines 🗌 Hypoglycemia 🗌 Convulsions 🗌 Respiratory
Food Allergies:	Medication Allergies:
Other diseases or details of above:	
Please list any medications being taken - including Tyle Nurse at check in. Medications will be dispensed when	-
MEDICAL CONSENT & RELEASE	
Eastern Iowa Horse & Pony Camp, to secure and authorize such emergen while under supervision of said horse camp while at the camp itself. I also and/or treatment for my child as secured and authorized under this const	(Camper) Age do hereby give permission to the personnel of the cy medical care and/or treatment as my child (above named) might require agree to pay the entire cost and fees contingent on any emergency medica ent. This authorization shall remain effective during the entire period that will also provide my Insurance Companies Name, Policy number, and phone
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: ____

OVER-THE-COUNTER MEDICATION PERMISSION



The following over-the-counter medications will be available to campers during the Eastern lowa Horse and Pony Camp week, June 15-21, 2025. 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 6/15/25: _____

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	Rolaids, Tums

Please list all known allergies (medications or other):

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.

Print Name of Camper

Signature of Camper

Print Name of Parent/Guardian

Signature of Parent/Guardian

Camper #

Date

SUPPLY LIST



ITEM	PACKED	ITEM	PACKED
BEDDING – single cot/air mattress, blankets, pillows, etc		EQUINE HEALTH PAPERS BY A LICENSED VETERINARIAN	
Clothes for the week – jeans, shirts/tanks, sweatshirt, shorts		DATED WITH IN 30 DAYS.	
Riding boots, closed toed shoes, sandals, shower shoes		TEST FOR ANY HORSES FROM OUT OF THE STATE OF IOWA	
Rain gear - rubber boots, rain coat, etc		Stall Shavings - 2 bags is recommended. A 3rd can be handy. You will have to strip the stall and clean it out entirely at the end of the week!	
Shower supplies, towels, wash cloth, toiletries, shower sandals			
Laundry bag, some plastic bags for wet or muddy clothes.		Feed for the week: hay, grain, etc. Small salt block.	
Hat, sunglasses, sunscreen, lip balm with SPF, bug spray		Stall fork/pick and shovel	
APPROVED ASTM or SEI RIDING		Manure bucket or wheel barrel.	
HELMET - REQUIRED		Grooming supplies: curry, brushes, combs, hoof pick, etc.	
Medallion Award Paddle if you have attended camp previously.*		Two halters and leads. One should be a rope halter.	
Outfit for professional photos. This happens on Tuesday afternoon. Background will be black this year.		Tack - blanket/ad, saddle, bridle, split reins, roping/reins (optional)	
		Saddle rack, organizing hooks to hang halters, leads, etc.	
Optional: cards/games			
Optional: swimsuit or trunks		Optional: clippers and bathing supplies	
Optional: Lariat for roping			

*If you have lost your Camp Paddle and need a replacement, you may purchase one for \$25 Split reins are required. Check all tack to ensure its in good working condition, is safe and fits the horse.

CAMP MAP 2025



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

FOLLOW DIRETIONS OF VOLUNTEERS TO TRAIL 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 Balichek (319-269-3011)

Jessica Hingtgen (563-542-3418)

Sue Manternach (563-543-4355)

Michael Wolken (319-480-3178)