

YMCA Camp Bernie



Horseback Riding Questionnaire Overnight Camp

If your child is taking riding lessons at camp, please complete and return this form as soon as possible. This insures that your child will be placed in the best possible riding group.

Camper Name: _____ Birth date: _____ Session: _____

General:

- Is your child afraid of horses? Yes No
Is your child afraid of heights? Yes No
Other concerns about enrolling your child in horseback riding lessons? Please Explain.

Experience:

- Has your child ridden a horse before? Yes No
How often? _____
Has your child ever been enrolled in riding lessons? Yes No
How many hours a week does your child ride a horse? _____
What style of riding? Western English
Has your child participated in the riding program at Camp Bernie? Yes No
What was the last riding group they were placed in? _____

Abilities:

- Can your child lead a horse from the ground? Yes No
Can your child groom and saddle a horse? Yes No
Can your child control the horse at a walk? Yes No
Can your child control the horse at a trot? Yes No
Can your child control the horse at a canter? Yes No

Please describe what your child was working on when he or she last rode a horse.

What would you and your child like to gain from riding lessons at Camp Bernie? For example: skill improvement, self confidence, basic horsemanship.

