



YMCA Camp Bernie

Mini-Bike Questionnaire



If your camper has signed up for mini-bike riding, please complete and return this form with your registration packet. This insures their placement in the best riding group.

Name: _____ Age: _____ Session (please circle) A B C D

General:

- 1) Has your child participated in the mini-bike program at Camp Bernie? Yes No
- 2) Please rate your child's physical condition; 1= poor, 5= excellent 1 2 3 4 5

Experience:

- 1) Has your child ever done off-road biking? Yes No
- 2) How often does your child ride mini-bikes?
Never Monthly Weekly Daily
- 3) Has your child participated in any mini-bike clubs or programs? Please List:

Abilities:

- | | | |
|--|-----|----|
| Can your child maintain a bike? | Yes | No |
| Has your child taken a bike safety class? | Yes | No |
| Has your child ever used a bike with a clutch? | Yes | No |

What would you and your child like to gain from mini-bike riding lessons at Camp Bernie?

For example: skill improvement, self-confidence, bike maintenance...

Please use this space for any additional comments. _____

