



YMCA Camp Bernie

Horseback Riding Questionnaire



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

Name: _____ Age: _____ Session(s) _____

General:

- 1) Is your child afraid of heights? Yes No
Is your child afraid of horses? Yes No
Other? Please explain. _____
- 2) Does your child have allergies to hay or horses? Yes No
- 3) Has your child participated in the riding program at Camp Bernie? Yes No

Experience:

- 1) How many times has your child ridden in the past year? _____
- 2) Is your child currently enrolled in riding lessons? Yes No
If no, has your child ever participated in riding lessons? Yes No
- 3) If you answered "yes" to question 2, what style of riding?
Western ___ English ___ Other (please explain): _____

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/jog? Yes No
- Can your child control the horse at a canter/run? Yes No

Please describe what your child was working on when they 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 (saddling, grooming)...

Please use this space for any additional comments. _____
