



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 insures their placement in the best riding group.

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

General:

1) Is your child afraid of heights? Yes No

Is your child afraid of horses? Yes No

Other? Please explain. _____

2) 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 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

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. _____

