



# YMCA Camp Bernie

## Horseback Riding Questionnaire



If your child is enrolled in Pony program, Horse program or Trail Rides at camp, please complete and return this form. This insures that your child will be placed in the best possible riding group.

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Session (s) \_\_\_\_\_

Please Circle: Pony Program      Horse Program      Trail Rides

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? 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

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 horseback riding at Camp Bernie? For example: skill improvement, self-confidence, basic horsemanship.

---

---

---

---

