

YMCA Camp Bernie



Horseback Riding Questionnaire Day Camp

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.

Camper 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

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

