



CAMP SPEERS YMCA HORSEBACK RIDING HISTORY

CAMPER'S NAME: _____ GRADE: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____

PREVIOUS EXPERIENCE:

HAS YOUR CAMPER TAKEN RIDING LESSONS BEFORE? YES NO

IF YES, HOW MANY LESSONS? 0-5 6-10 11-15 16 OR MORE

RIDING LEVEL:

- BEGINNER (LEVEL 1) LITTLE OR NO RIDING EXPERIENCE
- STARTER (LEVEL 2) CAN WALK AND STEER INDEPENDENTLY, BEGINNING TO WORK AT TROT
- BEGINNER NOVICE (LEVEL 3) DEVELOPING INDEPENDENT CONTROL AT THE TROT
- NOVICE (LEVEL 4) CAN WALK AND TROT INDEPENDENTLY WITH CONTROL, BEGINNING CANTER WORK
- INTERMEDIATE (LEVEL 5) CAN WALK, TROT AND CANTER WITH CONTROL – WORKING ON IMPROVING SKILLS/BEGINNING JUMPING

DISCIPLINE: ENGLISH WESTERN OTHER: PLEASE EXPLAIN _____

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HAVE YOU ATTENDED A CAMP SPEERS YMCA HORSEBACK PROGRAM IN THE PAST? IF SO, WHAT PROGRAM AND WHEN?

WHICH HORSES HAVE YOU RIDDEN HERE AT CAMP SPEERS? _____

BRIEFLY NOTE ACTUAL EXPERIENCES:

WHAT ARE YOUR EXPECTATIONS OF THIS PROGRAM?

WHAT RIDING SKILLS WOULD YOU LIKE TO WORK ON/IMPROVE DURING YOUR TIME AT CAMP?

***PLEASE RETURN TO: RANCH DIRECTOR, CAMP SPEERS YMCA, 143 NICHECRONK ROAD, DINGMANS FERRY, PA 18328**

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*FOR THE INSTRUCTOR OF RIDING SCHOOL/STABLES THAT THE CAMPER MAY BE RIDING WITH WHEN NOT AT
CAMP (IF APPLICABLE)*

THIS CAMPER HAS ENROLLED IN A HORSEBACK RIDING PROGRAM THIS SUMMER AT CAMP SPEERS YMCA. PLEASE COMPLETE THESE QUESTIONS SO THAT I MAY PLACE THE CAMPER AT THE APPROPRIATE RIDING LEVEL. THANK YOU FOR YOUR TIME AND VALUABLE COMMENTS.

INSTRUCTOR'S NAME: _____ **FACILITY:** _____

QUALIFICATIONS: _____ **# OF YEARS INSTRUCTING:** _____

WHAT ARE THE SKILLS OF THIS RIDER? WHAT ARE THEY ABLE TO DO WHILE RIDING?

ARE THERE ANY OTHER COMMENTS YOU WOULD LIKE TO MAKE ABOUT THIS CAMPER?

AS AN INSTRUCTOR, WHAT WOULD YOUR EXPECTATIONS OF THE CAMP PROGRAM BE?

SIGNATURE: _____ **DATE:** _____