



## CAMP SPEERS YMCA HORSEBACK RIDING HISTORY

CAMPER'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

CAMP:  ELJABAR  SPEERS  DISCOVERY  EQUESTRIAN SESSION(S): \_\_\_\_\_

HAVE YOU RIDDEN A HORSE BEFORE?  YES  NO

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

**RIDING LEVEL:**

- BEGINNER (LITTLE OR NO RIDING EXPERIENCE OR LACKS CONFIDENCE WITH HORSES)
- NOVICE (CAN RIDE A GENTLE HORSE AT A WALK, PERHAPS TROT A LITTLE)
- INTERMEDIATE (CAN WALK, TROT AND CANTER WITH CONTROL, BUT NEEDS TO IMPROVE RIDING SKILLS)
- ADVANCED (EXTENSIVE PREVIOUS EXPERIENCE AND INSTRUCTION: GOOD FORM AND CONTROL)

**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?

**BRIEFLY NOTE ACTUAL EXPERIENCES:**

**WHAT ARE YOUR EXPECTATIONS OF THIS PROGRAM?**

**WHAT ARE YOU HOPING TO ACHIEVE BY TAKING THIS PROGRAM?**

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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: \_\_\_\_\_

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