



# RIVERWOOD RIDING ASSESSMENT QUESTIONNAIRE

Name of Camper:

Riding Week(s) enrolled:

Please circle: Male or Female

Age:

Dear Parent,

Planning for our riding program is well underway! We are excited about the upcoming camp season and look forward to helping your child achieve the most from the equestrian program. Filling out the Riding Assessment Questionnaire below will assist us in grouping your child in a compatible riding class suited to his/her riding ability. Please complete and return the questionnaire to the camp office by June 1<sup>st</sup>.

The riding program provided by Riverwood is English style

Has your child ever ridden a pony or a horse? Please circle...

Yes No

If yes, how many years or months has your child been riding? What is your child's weight?

\_\_\_ Years

\_\_\_ Kg \_\_\_ Lbs

\_\_\_ Months

Is your child afraid of horses? Please circle...

Yes No A Little Don't Know

Where has your child had his/her previous riding experience? Please check, where applicable...

- Once or twice on a pony or on a trail ride
- At summer camp
- At a riding school or ranch
- Other

Please circle your child's skills when riding a horse independently...

Walk Trot Canter Trotpoles

Does the camper have a medical problem or condition which may cause risk during riding instruction? Please circle...

Yes No If yes, give details:

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: ( \_\_\_ ) \_\_\_\_\_