



# Rider Questionnaire

Name \_\_\_\_\_ DATE \_\_\_\_\_

Please check *all* times that the rider would be available to ride. Mark three preferred times with a 1, 2, or 3. The more options checked increases the likelihood of class placement.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00AM						
10:00 AM						
11:00AM						
12:00 PM						
1:00PM						
2:00 PM						
3:00 PM						
4:00 PM						
5:00PM						

## PARTICIPANT PROFILE:

- Have you participated with Miracles in Motion before:      Yes      No  
If yes, When?
- Do you have any underlying medical condition(s) that we should be aware of?      Yes      No  
If yes, please specify: \_\_\_\_\_
- Are you afraid of horses?      Yes      No
- Are you afraid of heights?      Yes      No
- Have you ever ridden a horse before, if so how many times?
  - Never
  - 1 or 2 times
  - 3 to 5 times
  - 6 to 10 times
  - 11 to 20 times
  - Over 20 times
- What kind of rider do you consider yourself to be?
  - A beginner rider
  - An average rider
  - A better than average rider
  - An expert horseperson
- What type of riding have you done?
  - Western
  - English
  - Both
  - Don't know
- Can you do the following on a horse?
 

Walk	Yes	No
Trot	Yes	No
Canter	Yes	No
- What would you like to gain from horseback riding at Miracles in Motion? For example: skill improvement, self confidence, basic horsemanship?
- Please let us know if there is anything else we should know to make horseback riding a great experience for you