

Horsemanship Medical Questionnaire
Rhodes Grove Camp ♦ Chambersburg, PA

Name(print) _____ Sign _____ Date _____

Address _____ City _____ St _____ Zip _____

Date of birth _____ / _____ / _____ Social Security # _____ - _____ - _____

Age _____ Grade entering this fall _____ Name of camp week _____

Parent / Guardian Name(print) _____ Sign _____

The following questions are used to make our wrangler staff aware of any special needs you may have.

How many hours of riding experience do you have? _____

Where did your riding experience come from? _____

Have you been on an overnight trail ride before? No Yes (where?) _____

Do you have any fears we should know of (snakes, heights etc.)? No Yes

Have you ever had a back injury or history of back problems? No Yes

Do you now or have you ever had Seizures of any kind? No Yes

Do you have any kind of blood disorder or special blood type? No Yes

Have you been hospitalized or had surgery in the past 6 months? No Yes

Have you ever or are you now being treated for psychological difficulties? No Yes

Are there other conditions you should make the camp aware of? No Yes

If you answered Yes to any of these questions please describe in detail: _____
