

Grays Harbor County 4-H Equine Clinic Form

4-H Youth Name:		Horse Name:	
Age group:		Parent Name:	
Club Name:		Leader Name:	
Name of Clinic:		Date Of Clinic:	
Walk/trot Performance	Performance	Gaming	In-Hand / no riding

Rider and Horse	YES	NO	Notes
Does the rider have control of speed?			
Does the rider have control of direction?			
Can the rider halt their horse?			
Can the rider settle their horse after a halt?			
a. Can the rider remain in control in a group? b. When passed and passing? c. At the appropriate gate?			
Can the rider ride a basic pattern? A circle and a line			
Does the rider maintain a respectful distance from other riders?			
If rider is bucked off, after cleared, are the able to get back on and calmly take control?			
If the horse rears, does the rider remain calm and ride through it to a safe space?			
Does the rider ride at their skill level?			

Did Not Pass		Passed	
Notes			
Clinician Name		Clinician Signature	
Secondary Name		Secondary Signature	
Rider Signature		Parent Signature	