



# Novice Eligibility Assessment

Riders Name: \_\_\_\_\_ ASHA #: \_\_\_\_\_

Event: \_\_\_\_\_ ASHA #: \_\_\_\_\_

Head Clinician Name: \_\_\_\_\_ ASHA #: \_\_\_\_\_

Event Manager Name: \_\_\_\_\_ ASHA #: \_\_\_\_\_

## COMMENTS:

PLEASURE: \_\_\_\_\_

\_\_\_\_\_

TRAIL: \_\_\_\_\_

\_\_\_\_\_

REINING: \_\_\_\_\_

\_\_\_\_\_

COWHORSE: \_\_\_\_\_

\_\_\_\_\_

### Novice Eligibility

1. It is our determination this rider is Novice Eligible  YES  NO
2. It is our determination this rider is **NOT** Novice Eligible  YES  NO

Lead Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_