



# YEDA Coach Registration Form 2024-2025

*All completed applications will be processed in the order in which they are received.*

**Please allow fifteen business days for processing.**

**Payment of \$70 fee and proof of insurance must be accompanied with this form**

<b>Name:</b>	_____		
<b>Team Name</b>	_____		
<b>Coach Address:</b>	_____		
	Street Address	City	State      Zip
<b>Phone Number:</b>	(    ) -	-	<b>Email:</b>
	_____		
<b>Emergency Contact</b>	Name	PH #	
	_____		

**Please Mark all professional affiliations**

- |                               |   |  |                               |                               |                                      |                               |
|-------------------------------|---|--|-------------------------------|-------------------------------|--------------------------------------|-------------------------------|
| <input type="checkbox"/> USEF | <input type="checkbox"/> USHJA            | <input type="checkbox"/> USPC                                    | <input type="checkbox"/> AQHA | <input type="checkbox"/> APHA | <input type="checkbox"/> NRHA        | <input type="checkbox"/> PATH |
| <input type="checkbox"/> CHA  | <input type="checkbox"/> 4H               | <input type="checkbox"/> PtHA                                    | <input type="checkbox"/> IHSA | <input type="checkbox"/> NSBA | <input type="checkbox"/> Other _____ |                               |
| <input type="checkbox"/> PATH | <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Certified therapeutic riding instructor |                               |                               |                                      |                               |

**Is your team accepting new members?**       YES       NO

**Are you interested in our referral program?**       YES       NO

### Liability Insurance Information

In order to qualify as a YEDA Coach, you must attach to this application a valid Certificate of Insurance (COI), or other adequate proof of insurance. Your status as a YEDA Coach will not commence until a valid COI for the competition year is received by YEDA.

Proof of Insurance must include:

- All Coaches Name(s) that are covered under the COI
- Minimum Liability Coverage of \$500,000 per incident.
- Specific Language stating coverage includes:
  - "Professional Liability Coverage  
- OR -
  - "Riding Instruction both on and off premises, both on owned and non-owned horses"

*If you do not have your own insurance already there is insurance that may be obtained through YEDA if you meet the eligibility requirements for an estimated cost \$150 a year. For more information, please contact Ric Weitzel, [weitzel@showyeda.com](mailto:weitzel@showyeda.com).*

## YEDA Coach Code of Conduct

By registering as a coach in YEDA you agree to the following:

- Know the current YEDA rules and abide by them.
- Put the emotional and physical wellbeing of All YEDA riders, staff, and coaches ahead of your personal desire to win.
- Respect all YEDA staff and officials and refrain from questioning them in a disrespectful or abusive manner.
- Maintain control over your emotions and avoid language, actions, or gestures that could be interpreted as disrespectful, demeaning, hostile, or humiliating.
- Set the example of being humble and generous when winning, and proud and courteous in defeat.
- Ensure that all riders, parents, and other personal associated with your team always demonstrate good sportsmanship and maturity.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Make Checks out to: YEDA**

**Mail Form to:**  
Debbie Arnold  
2415 State Route 603  
Ashland, OH 44805

**For Questions Contact Debbie Arnold (CFO)**

**Phone:** 419 – 566 – 6589  
**Email:** DArnold@showyeda.com