

YEDA Assistant 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 \$60 fee must be accompanied with this form

Name:					
Team Name					
Coach Address:	Street Address City State Zip				
Phone Number:	() -	- Ema	il:		
Emergency Contact	Name	PH#			
Please Mark all professional affiliations					
□ USEF □ □	USHJA □ USPC	□ AQHA	□ APHA	□ NRHA	□ PATH
□ CHA □ 4	4H □ PtHA	□ IHSA	□ NSBA	□ Other _	
□ PATH □ S	Special Olympics Certified therapeutic riding instructor				
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 Mail Fo Debbie 2415 State		For Questions Contact Debbie Arnold (CFO) Phone: 419 – 566 – 6589 Email: DArnold@showyeda.com			

Ashland, OH 44805