



YEDA Assistant Coach Registration Form 2022-2023

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

Please allow fifteen business days for processing.

Payment of \$50 fee must be accompanied with this form

Name:	_____		
Team Name	_____		
Coach Address:	_____		
	<small>Street Address</small>	<small>City</small>	<small>State</small> <small>Zip</small>
Phone Number:	() -	-	Email:

Emergency Contact	<small>Name</small>	<small>PH #</small>	

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 | | | | |

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