



YEDA 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.

Members who register by August 15th will receive a \$5 discount

Payment of \$60 fee and proof of insurance must be accompanied with this form

Name:	_____		
Team Name	_____		
Coach Address:	_____		
	Street Address	City	State Zip
Phone Number:	() - -	Email:	_____
Emergency Contact	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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you interested in our referral program? <input type="checkbox"/> YES <input type="checkbox"/> 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"			
<i>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, rweitzel@showyeda.com.</i>			
Signature _____	Date _____		
<u>Make Checks out to: YEDA</u>		For Questions Contact Debbie Arnold (CFO)	
Mail Form to: Debbie Arnold 2415 State Route 603 Ashland, OH 44805		Phone: 419 – 566 – 6589 Email: DArnold@showyeda.com	