YEDA Coach Registration Form
2023-2024

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

Name: ______________________________

Team Name: ___________________________

Coach Address: __________________________
                          Street Address   City   State   Zip

Phone Number: (______) - __________   Email: __________________________

Emergency Contact Name: ____________________ PH #: ___________________

Please Mark all professional affiliations
☐ USEF          ☐ USHJA         ☐ USPC          ☐ AQHA          ☐ APHA          ☐ NRHA          ☐ PATH
☐ CHA           ☐ 4H            ☐ PHA           ☐ IHSA           ☐ NSBA           ☐ Other __________________________
☐ PATH          ☐ Special Olympics ☐ 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:
     o “Professional Liability Coverage
     - OR -
     o “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, rweitzel@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