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

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| **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 [ ]  PtHA [ ]  IHSA [ ]  NSBA [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  PATH [ ]  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.
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| **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Make Checks out to: YEDA****Mail Form to:**Debbie Arnold2415 State Route 603Ashland, OH 44805 | **For Questions Contact Debbie Arnold (CFO)****Phone:** 419 – 566 – 6589 **Email:** DArnold@showyeda.com |