**A picture containing text, clipart

Description automatically generatedYEDA 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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. | | | | |
| **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 | | |