**YEDA Equestrian with Disabilities (EWD)**

**TRY IT**

**2023-2024**

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

***Please allow fifteen business days for processing.***

***Try It Membership is $20***

***This gives the rider temporary YEDA Membership to show for a weekend. If the rider decides within 30 days to upgrade to a regular membership this $20 will be applied to your $80 regular YEDA membership***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| **Team Name** |  | | | | | | | |
| **Rider Name** |  | | | | | | | |
| **YEDA Back #:** |  | (Leave blank if unknown or first-time member) | | | | | | |
| **Riders Height** |  | | | **Riders Weight** | | |  | |
| **Riders DOB** |  | | | **Graduation Year** (if applicable) | | |  | |
| **Rider’s Email** |  | | | | | | | |
| **Home Mailing Address** |  | | | | | | | |
| Street Address City State Zip | | | | | | | |
| **Cell/Primary PH #:** | ( ) - | | | | | | |  |
| **Parent/Guardian Name:** |  | | | | | | | |
| **Parent/Guardian Email** |  | | | | **PH #** | ( ) - | | |
| **Parent/Guardian Address** |  | | | | | | | |
| Street Address City State Zip | | | | | | | |
| **Please Mark all professional affiliations**  Special Olympics  NRHA  NSBA  APHA  AQHA  CHA  4H  PtHA  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **EWD Division:** (select one)  Amber - Walk Only Assisted  Amber - Walk Only Independent  Topaz - Walk-Trot Assisted  Topaz - Walk-Trot Independent  *More details on these Division can be found the rulebook* | | | | | | | | |
| **Photo Release:**  May your likeness in photos taken in photos by our official photographers be used in promotional literature for YEDA.  **YES  NO**  *If no, please enclose a current photo of the rider so that we can ensure their likeness is not used.* | | | | | | | | |
| **PLEASE NOTE: Per Rule YEDA Rulebook each participant in the equestrians with disabilities competition must be 10 years of age or in the 4th grade or older. With a diagnosed mental or physical condition attested to by a licensed medical physician. The Special Diagnosis form must be completed, signed by a licensed medical doctor and returned to YEDA with this membership form.** | | | | | | | | |
| **NOTICE**: YEDA does not assume any responsibility for the safety of participants and/or attendees at all equine events. Equine events are inherently risky. “Inherent risk of an equine activity" means a danger or condition that is an integral part of an equine activity, including, but not limited to, any of the following:(a) The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; (b) The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; (c) Hazards, including, but not limited to, surface or subsurface conditions; (d) A collision with another equine, another animal, a person, or an object; or (e) The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant. The parent or guardian, on behalf of their participating minor, assumes all risk of personal injury or property damage occurring as a result of the participation and does hereby release and discharge YEDA and Show Management, their respective officers, directors, representatives, and employees from any and all liability, whenever or however arising from such participation. | | | | | | | | |
| * Coach guarantees they are responsible for alumni and asking for re-rides * Coach and Team will be responsible for providing horses to cover alumni rides * Coach guarantees the Alumni is qualified in their ability to ride unfamiliar horses in a group   + Riding instruction in regular lessons     - OR -   Riding their own horses off premises, both on owned and non-owned horses | | | | | | | | |
| Your signature below acknowledges that coach, guardian, and rider have fully reviewed the YEDA Rule Book 2023-2024 and understand the conduct, competition requirements, and possible sanctions outlined therein. You are hereby guaranteeing that coach, guardian, and rider will adhere to YEDA social media policy and rules of the organization. Your signature additionally acknowledges that the rider is a fulltime student in good academic standing. Coach, guardian, and rider are subject to all rules, fines and disciplinary actions for violations of the YEDA rules.  **Coach’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**  **Rider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**  **Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**  *If rider is under 18* | | | | | | | | |
| **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 | | | | | |

**YEDA Equestrian with Disabilities (EWD)**

**Diagnosis Form**

**TRY IT**

**2023-2024**

**A membership registration forms for Equestrian with Disabilities must be accompanied by a Diagnosis and Adaptive Equipment Form.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | | | |
| **Team Name** |  | | | | | | |
| **Riders Address:** |  | | | | | | |
|  | | | | | | |
| **Phone Number:** | ( ) - - | | **Email:** | |  | | |
| **Emergency Contact** |  | | **Ph #** |  | | | |
| **Eligible Conditions:** From the list below, please indicate each condition which applies to the applicant. Other conditions will be considered upon request (please list in space provided). | | | | | | | |
| * Amputation * Ankylosis * Arthrogryposis * Asperger's Syndrome * Autism * Batten's Disease * Cerebrovascular Accident (stroke) * Cerebella Ataxia * Cerebral Palsy * Coffin Lowry Syndrome * Cystic Fibrosis * Down Syndrome * Dwarfism | | * Ehlers-Danlos Syndrome * Fragile X Syndrome * Freidrick's Ataxia * Guillan-Barre Syndrome * Hearing Impairment * Hunter's Syndrome * Intellectual Disability * Juvenile Rheumatoid Arthritis * Cognitive Disabilities * Mental retardation * Microcephaly * Multiple Sclerosis * Muscular Dystrophy * Paresis | | | | * Post Polio Syndrome * Prader-Willi Syndrome * Rhett Syndrome * Spina Bifida * Spinal Cord Injury * Tourette Syndrome * Traumatic Brain Injury * Trisomy Abnormalities * Visual Impairments * Upper Moto Neuron Lesions * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   (subject to approval) | |
| **Medical Statement:** In accordance with YEDA Rulebook, this applicant has been diagnosed with the above designated condition(s). | | | | | | | |
| **Name of Physician:** | | | | | | | **Date:** |
| **Signature of Physician:** | | | | | | | **License:** |
| **City & State of Practice:** | | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of participant or parent/guardian (if under 18)** | | | | | | | |

**YEDA Equestrian with Disabilities (EWD)**

**Adaptive Equipment Form**

**TRY IT**

**2023-2024**

**A membership registration forms for Equestrian with Disabilities must be accompanied by a Diagnosis and Adaptive Equipment Form.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | |
| **Team Name** |  | | | | |
| **Riders Address:** |  | | | | |
|  | | | | |
| **Phone Number:** | ( ) - - | | **Email:** |  | |
| **Emergency Contact** |  | | **Ph #** | | |
| **Acceptable Adaptive Equipment:** From the list below, please check the special adaptive equipment used by the competitor. Other equipment will be considered upon request | | | | | |
| **Saddle:**   * Hard/soft hand holds * Knee rolls/blocks * Padded saddle flaps * Raised cantle * Raised pommel * Thigh rolls/blocks * Saddle Blocks Wedges Cushions * Seat Savers     **Riding Attire:**   * No boots if using safety stirrups (Peacock, S-shaped irons or Devonshire stirrups) * Modified riding boots * Gaiters * Half chaps * Helmet * Off set spurs * Safety vest   **Posture, Postural Supports & Orthoses:**   * L or R Arm Sling * Neck Collar * Ankle foot orthoses * Prosthesis * Wrist brace * Back support * Trunk support * Gait belt | | **Stirrup**:   * Enclosed stirrups * Rubber bands around foot and stirrup * Strap from stirrup leather to girth/cinch * Strap from stirrup to girth/cinch * Laces to tie stirrups or leathers to girth or cinch * Safety Stirrups   **Bridle/Reins:**   * Bridging rein * Connecting bar reins * Dowel Reins * Ladder reins * Looped reins * Rein guides (rein through ring on saddle) * Side pulls * Rein Handles   **Other Aids:**   * Audio Communications   (for hearing impaired)   * Bareback pads * Commander using sign language * One or two crops * Strap attaching crops to hand * Voice * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **No Adaptive Equipment needed** | | | |
| **Coach Statement:** In accordance with YEDA Rulebook, this applicant will be using the above designated equipment while competing in YEDA Equestrians with Disabilities competitions and has the ability to ride these special classes. | | | | | |
| **Name of Coach:** | | | | | **Team:** |
| **Signature of Coach:** | | | | | **Date:** |