



**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 4<sup>th</sup> 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 2024-2025 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:** \_\_\_\_\_

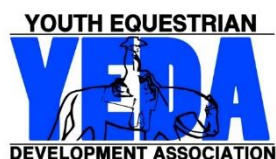
*IF RIDER IS UNDER 18*

**\*\*The Youth Equestrian Development Association (YEDA) highly recommends that all riders be actively enrolled in a weekly lesson program.\*\***

**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



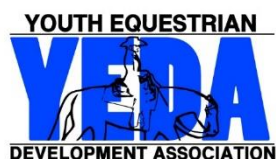
# YEDA Equestrian with Disabilities (EWD)

## Diagnosis Form

### 2024-2025

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

<b>Name:</b> _____																																											
<b>Team Name</b> _____																																											
<b>Riders Address:</b> _____																																											
<b>Phone Number:</b> (     ) -     -	<b>Email:</b> _____																																										
<b>Emergency Contact</b> _____	<b>Ph #</b> _____																																										
<p><b>Eligible Conditions:</b> 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).</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Amputation</td> <td><input type="checkbox"/> Ehlers-Danlos Syndrome</td> <td><input type="checkbox"/> Post Polio Syndrome</td> </tr> <tr> <td><input type="checkbox"/> Ankylosis</td> <td><input type="checkbox"/> Fragile X Syndrome</td> <td><input type="checkbox"/> Prader-Willi Syndrome</td> </tr> <tr> <td><input type="checkbox"/> Arthrogryposis</td> <td><input type="checkbox"/> Freidrick's Ataxia</td> <td><input type="checkbox"/> Rhett Syndrome</td> </tr> <tr> <td><input type="checkbox"/> Asperger's Syndrome</td> <td><input type="checkbox"/> Guillan-Barre Syndrome</td> <td><input type="checkbox"/> Spina Bifida</td> </tr> <tr> <td><input type="checkbox"/> Autism</td> <td><input type="checkbox"/> Hearing Impairment</td> <td><input type="checkbox"/> Spinal Cord Injury</td> </tr> <tr> <td><input type="checkbox"/> Batten's Disease</td> <td><input type="checkbox"/> Hunter's Syndrome</td> <td><input type="checkbox"/> Tourette Syndrome</td> </tr> <tr> <td><input type="checkbox"/> Cerebrovascular Accident (stroke)</td> <td><input type="checkbox"/> Intellectual Disability</td> <td><input type="checkbox"/> Traumatic Brain Injury</td> </tr> <tr> <td><input type="checkbox"/> Cerebella Ataxia</td> <td><input type="checkbox"/> Juvenile Rheumatoid Arthritis</td> <td><input type="checkbox"/> Trisomy Abnormalities</td> </tr> <tr> <td><input type="checkbox"/> Cerebral Palsy</td> <td><input type="checkbox"/> Cognitive Disabilities</td> <td><input type="checkbox"/> Visual Impairments</td> </tr> <tr> <td><input type="checkbox"/> Coffin Lowry Syndrome</td> <td><input type="checkbox"/> Mental retardation</td> <td><input type="checkbox"/> Upper Moto Neuron Lesions</td> </tr> <tr> <td><input type="checkbox"/> Cystic Fibrosis</td> <td><input type="checkbox"/> Microcephaly</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Down Syndrome</td> <td><input type="checkbox"/> Multiple Sclerosis</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Dwarfism</td> <td><input type="checkbox"/> Muscular Dystrophy</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Paresis</td> <td>(subject to approval)</td> </tr> </table>		<input type="checkbox"/> Amputation	<input type="checkbox"/> Ehlers-Danlos Syndrome	<input type="checkbox"/> Post Polio Syndrome	<input type="checkbox"/> Ankylosis	<input type="checkbox"/> Fragile X Syndrome	<input type="checkbox"/> Prader-Willi Syndrome	<input type="checkbox"/> Arthrogryposis	<input type="checkbox"/> Freidrick's Ataxia	<input type="checkbox"/> Rhett Syndrome	<input type="checkbox"/> Asperger's Syndrome	<input type="checkbox"/> Guillan-Barre Syndrome	<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Autism	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Spinal Cord Injury	<input type="checkbox"/> Batten's Disease	<input type="checkbox"/> Hunter's Syndrome	<input type="checkbox"/> Tourette Syndrome	<input type="checkbox"/> Cerebrovascular Accident (stroke)	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Cerebella Ataxia	<input type="checkbox"/> Juvenile Rheumatoid Arthritis	<input type="checkbox"/> Trisomy Abnormalities	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Cognitive Disabilities	<input type="checkbox"/> Visual Impairments	<input type="checkbox"/> Coffin Lowry Syndrome	<input type="checkbox"/> Mental retardation	<input type="checkbox"/> Upper Moto Neuron Lesions	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Microcephaly		<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dwarfism	<input type="checkbox"/> Muscular Dystrophy			<input type="checkbox"/> Paresis	(subject to approval)
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<p><b>Medical Statement:</b> In accordance with YEDA Rulebook, this applicant has been diagnosed with the above designated condition(s).</p>																																											
<b>Name of Physician:</b> _____	<b>Date:</b> _____																																										
<b>Signature of Physician:</b> _____	<b>License:</b> _____																																										
<b>City &amp; State of Practice:</b> _____																																											
<div style="display: flex; justify-content: space-between;"> <span>_____</span> <span><b>Date</b> _____</span> </div>																																											
<b>Signature of participant or parent/guardian (if under 18)</b> _____																																											



# YEDA Equestrian with Disabilities (EWD) Adaptive Equipment Form 2024-2025

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

<b>Name:</b> _____	
<b>Team Name</b> _____	
<b>Riders Address:</b> _____	
<b>Phone Number:</b> (     ) -     -	<b>Email:</b> _____
<b>Emergency Contact</b>	<b>Ph #</b>

**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.

<b>Name of Coach:</b>	<b>Team:</b>
<b>Signature of Coach:</b>	<b>Date:</b>