

## YEDA Assistant Coach Registration Form 2025-2026

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:	( ) -	- Ema	il:		
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					
<ul> <li>By registering as a coach in YEDA you agree to the following:</li> <li>Know the current YEDA rules and abide by them.</li> <li>Put the emotional and physical wellbeing of All YEDA riders, staff, and coaches ahead of your personal desire to win.</li> <li>Respect all YEDA staff and officials and refrain from questioning them in a disrespectful or abusive manner.</li> <li>Maintain control over your emotions and avoid language, actions, or gestures that could be interpreted as disrespectful, demeaning, hostile, or humiliating.</li> <li>Set the example of being humble and generous when winning, and proud and courteous in defeat.</li> <li>Ensure that all riders, parents, and other personal associated with your team always demonstrate good sportsmanship and maturity.</li> </ul>					
Signature		Date			
Make Checks Mail Fo Debbie 2415 State		For Questions Contact Debbie Arnold (CFO) Phone: 419 – 566 – 6589 Email: DArnold@showyeda.com			

Ashland, OH 44805