



YEDA 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 \$70 fee and proof of insurance must be accompanied with this form

Name:			
Team Name			
Coach Address:			
	<small>Street Address</small>	<small>City</small>	<small>State</small> <small>Zip</small>
Phone Number:	() - -	Email:	
Emergency Contact			
	<small>Name</small>	<small>PH #</small>	
Please Mark all professional affiliations			
<div style="display: flex; flex-wrap: wrap;"><div style="width: 25%;"><input type="checkbox"/> USEF</div><div style="width: 25%;"><input type="checkbox"/> USHJA</div><div style="width: 25%;"><input type="checkbox"/> USPC</div><div style="width: 25%;"><input type="checkbox"/> AQHA</div><div style="width: 25%;"><input type="checkbox"/> APHA</div><div style="width: 25%;"><input type="checkbox"/> NRHA</div><div style="width: 25%;"><input type="checkbox"/> PATH</div><div style="width: 25%;"><input type="checkbox"/> CHA</div><div style="width: 25%;"><input type="checkbox"/> 4H</div><div style="width: 25%;"><input type="checkbox"/> PtHA</div><div style="width: 25%;"><input type="checkbox"/> IHSA</div><div style="width: 25%;"><input type="checkbox"/> NSBA</div><div style="width: 25%;"><input type="checkbox"/> Other _____</div><div style="width: 25%;"><input type="checkbox"/> PATH</div><div style="width: 25%;"><input type="checkbox"/> Special Olympics</div><div style="width: 25%;"><input type="checkbox"/> Certified therapeutic riding instructor</div></div>			
Is your team accepting new members? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you interested in our referral program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Liability Insurance Information			
<p>In order to qualify as a YEDA Coach, you must attach to this application a valid Certificate of Insurance (COI), or other adequate proof of insurance. Your status as a YEDA Coach will not commence until a valid COI for the competition year is received by YEDA.</p>			
<p>Proof of Insurance must include:</p> <ul style="list-style-type: none">➤ All Coaches Name(s) that are covered under the COI➤ Minimum Liability Coverage of \$500,000 per incident.➤ Specific Language stating coverage includes:<ul style="list-style-type: none">○ "Professional Liability Coverage - OR -○ "Riding Instruction both on and off premises, both on owned and non-owned horses"			
<p><i>If you do not have your own insurance already there is insurance that may be obtained through YEDA if you meet the eligibility requirements for an estimated cost \$150 a year. For more information, please contact Ric Weitzel, weitzel@showyeda.com.</i></p>			

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