

YEDA Equestrian with Disabilities (EWD) TRY IT 2025-2026

*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			
<input type="checkbox"/> Special Olympics <input type="checkbox"/> NRHA <input type="checkbox"/> NSBA <input type="checkbox"/> APHA <input type="checkbox"/> AQHA			
<input type="checkbox"/> CHA <input type="checkbox"/> 4H <input type="checkbox"/> PtHA <input type="checkbox"/> Other _____			
EWD Division: (select one)			
<input type="checkbox"/> Amber - Walk Only Assisted <input type="checkbox"/> Amber - Walk Only Independent			
<input type="checkbox"/> Topaz - Walk-Trot Assisted <input type="checkbox"/> 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 2025-2026 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)

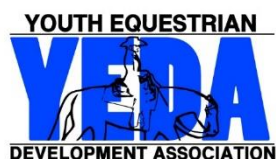
Diagnosis Form

TRY IT

2025-2026

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 # _____																																										
<p>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).</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>Medical Statement: In accordance with YEDA Rulebook, this applicant has been diagnosed with the above designated condition(s).</p>																																											
Name of Physician: _____	Date: _____																																										
Signature of Physician: _____	License: _____																																										
City & State of Practice: _____																																											
<div style="display: flex; justify-content: space-between;"> _____ Date _____ </div>																																											
Signature of participant or parent/guardian (if under 18) _____																																											



**YEDA Equestrian with Disabilities (EWD)
Adaptive Equipment Form
TRY IT
2025-2026**

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: <input type="checkbox"/> Hard/soft hand holds <input type="checkbox"/> Knee rolls/blocks <input type="checkbox"/> Padded saddle flaps <input type="checkbox"/> Raised cantle <input type="checkbox"/> Raised pommel <input type="checkbox"/> Thigh rolls/blocks <input type="checkbox"/> Saddle Blocks Wedges Cushions <input type="checkbox"/> Seat Savers	Stirrup: <input type="checkbox"/> Enclosed stirrups <input type="checkbox"/> Rubber bands around foot and stirrup <input type="checkbox"/> Strap from stirrup leather to girth/cinch <input type="checkbox"/> Strap from stirrup to girth/cinch <input type="checkbox"/> Laces to tie stirrups or leathers to girth or cinch <input type="checkbox"/> Safety Stirrups
Riding Attire: <input type="checkbox"/> No boots if using safety stirrups (Peacock, S-shaped irons or Devonshire stirrups) <input type="checkbox"/> Modified riding boots <input type="checkbox"/> Gaiters <input type="checkbox"/> Half chaps <input type="checkbox"/> Helmet <input type="checkbox"/> Off set spurs <input type="checkbox"/> Safety vest	Bridle/Reins: <input type="checkbox"/> Bridging rein <input type="checkbox"/> Connecting bar reins <input type="checkbox"/> Dowel Reins <input type="checkbox"/> Ladder reins <input type="checkbox"/> Looped reins <input type="checkbox"/> Rein guides (rein through ring on saddle) <input type="checkbox"/> Side pulls <input type="checkbox"/> Rein Handles
Posture, Postural Supports & Orthoses: <input type="checkbox"/> L or R Arm Sling <input type="checkbox"/> Neck Collar <input type="checkbox"/> Ankle foot orthoses <input type="checkbox"/> Prosthesis <input type="checkbox"/> Wrist brace <input type="checkbox"/> Back support <input type="checkbox"/> Trunk support <input type="checkbox"/> Gait belt	Other Aids: <input type="checkbox"/> Audio Communications (for hearing impaired) <input type="checkbox"/> Bareback pads <input type="checkbox"/> Commander using sign language <input type="checkbox"/> One or two crops <input type="checkbox"/> Strap attaching crops to hand <input type="checkbox"/> Voice <input type="checkbox"/> Other _____ <input type="checkbox"/> 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: _____