YEDA Assistant Coach Registration Form
2026-2027

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: ( ) - - **Email:** _____

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

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