

YEDA Equestrian with Disabilities (EWD) Membership 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.*

R2.02 D A RUSH FEE \$25 WILL BE ADDED TO THE MEMBERSHIP IF A RIDER IS REQUESTING TO ENTER A SHOW AFTER THE SHOW CLOSING DATE AND THEIR MEMBERSHIP IS NOT CURRENTLY SUBMITTED AND IN THE DATABASE.

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

**Payment of \$80 fee must be accompanied with this form
(\$10 of the \$80 will go towards the SIF as the YEDA Back # fee)**

| | | | |
|---|-------------------------------|---|-------------------------------|
| <input type="checkbox"/> New Member | | <input type="checkbox"/> Returning Member | |
| Team Name _____ | | | |
| Rider Name _____ | | | |
| YEDA Back #: | | (Leave blank if unknown or first-time member) | |
| Riders Height | | Riders Weight | |
| Riders DOB | | Current Grade & Graduation Year (if applicable) | |
| Rider's Email _____ | | | |
| Home Mailing Address | | | |
| <small>Street Address</small> | | <small>City</small> | <small>State</small> |
| <small>Zip</small> | | | |
| Cell/Primary PH #: | | () - | |
| Parent/Guardian Name: _____ | | | |
| Parent/Guardian Email | | PH # () - | |
| Parent/Guardian Address | | | |
| <small>Street Address</small> | | <small>City</small> | <small>State</small> |
| <small>Zip</small> | | | |
| 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 | |
| <i>More details on these Division can be found the rulebook</i> | | | |

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 2026-2027 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:** _____

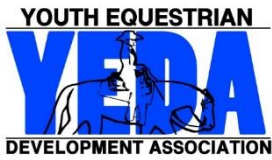
IF RIDER IS UNDER 18

****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 2026-2027

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

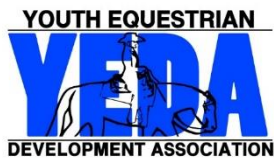
| | | | |
|--------------------------|---------------|-------|---|
| Name: | _____ | | |
| Team Name | _____ | | |
| Riders Address: | _____ | | |
| Phone Number: | () | - | - |
| Emergency Contact | Email: | _____ | |
| | Ph # | _____ | |

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).

- | | | |
|--|--|--|
| <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"/> Arthrogyrosis | <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) |

Medical Statement: In accordance with YEDA Rulebook, this applicant has been diagnosed with the above designated condition(s).

| | |
|--|-------------------|
| Name of Physician: | Date: |
| Signature of Physician: | License: |
| City & State of Practice: | |
| _____ | Date _____ |
| Signature of participant or parent/guardian (if under 18) | |



YEDA Equestrian with Disabilities (EWD) Adaptive Equipment Form 2026-2027

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: | () | - | - |
| Emergency Contact | Email: _____ | | |
| | 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:

- Hard/soft hand holds
- Knee rolls/blocks
- Padded saddle flaps
- Raised cantle
- Raised pommel
- Thigh rolls/blocks
- Saddle Blocks Wedges Cushions
- Seat Savers

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

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

Bridle/Reins:

- Bridging rein
- Connecting bar reins
- Dowel Reins
- Ladder reins
- Looped reins
- Rein guides (rein through ring on saddle)
- Side pulls
- Rein Handles

Posture, Postural Supports & Orthoses:

- L or R Arm Sling
- Neck Collar
- Ankle foot orthoses
- Prosthesis
- Wrist brace
- Back support
- Trunk support
- Gait belt

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.

| | |
|----------------------------|--------------|
| Name of Coach: | Team: |
| Signature of Coach: | Date: |