West Chester Area School District

Annual Application for Recognition and Athletic Group Status Directions

Any athletic group seeking recognition and group status from the West Chester Area School District must complete this form and agree to comply with the attached West Chester Area School District Requirements for Recognition of Athletic Groups.

Completed applications must be returned at least two months before the expected starting date accompanied by the following:

1. A copy of the current group rules and regulations; and
2. The Hold Harmless and Indemnification Agreement signed by the advisor/coach and the group president.

Information Required

a. Name of Group Rustic Dance Team

b. Name of Advisor/Coach Emily Gilligan

c. Name of Group President Michele Alcott

d. Name of Activity or Sport Dance Team

e. Name of general liability insurance carrier per attached

f. Name of directors' and officers' insurance carrier

7-31-26
Date

West Chester Area School District

Athletic Group Advisor/Coach Agreement

I, Emily Gilligan, Advisor/Coach for Rustic Dance Team, have received and reviewed the West Chester Area School District Requirements for Recognition of Athletic Groups attached to this application and agree to abide by those requirements.

Emily Gilligan
Advisor/Coach

Commonwealth of Pennsylvania

County of Delaware

On this the 31st day of July 2026, before me, Marcel Cooper, the undersigned officer, personally appeared, Emily Catherine Gilligan known to me to be the person whose name is subscribed to this document, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

Marcel Cooper

Commonwealth of Pennsylvania - Notary Seal
Marcel Cooper - Notary Public
Delaware County
My Commission Expires May 29, 2029
Commission Number 1456470

Notary Public

West Chester Area School District

The High School Athletic Group

Hold Harmless and Indemnification Agreement

Rustic Dance Team Group ("Group") agrees to the following in consideration of its receipt of official group status from the Board of School Directors of West Chester Area School District ("WCASD").

1. The Group agrees to indemnify and hold WCASD as well as WCASD's Directors, agents, and employees harmless of any and all liability arising from or based upon the activities of the Group.

2. Liability includes any loss, damage, expense, causes of actions, lawsuits, claims, or judgments, including attorney's fees, and includes but is not limited to injuries to person or property.

3. The Group shall, at its own cost and expense, defend any and all lawsuits which may be brought against WCASD whether that lawsuit is brought against WCASD alone or in conjunction with others.

4. The Group shall satisfy, pay, and discharge any and all judgments and fines that may be recovered against WCASD in any lawsuit referenced in paragraph 3 above.

5. WCASD shall give the Group written notice of any claim or demand or lawsuit.

Intending to be legally bound, the Group agrees to the foregoing.

Charles Mort
Group President

Emily Schmidt
Advisor/Coach

7/31/26
Date

2026-2027 Rustin Dance Team Dancer & Parent Agreement

Please check and initial each statement, and sign and date below. Please return this agreement by May 18th via email to Rustindanceteam@gmail.com, or by bringing in person to the Meet & Greet. By signing this agreement, you are 100% committing to being a 2026-2027 RDT member.

_____ I, _____, am excited to participate and be a part of the 2026-2027 Rustin Dance Team!!! I will give 100% effort, energy and enthusiasm to being a productive member of the team.

_____ My parents understand that with my membership on the team, comes the requirement for them to be a member of the Dance Team Boosters. This entails attending regular meetings, taking part in fundraising, and being an active member of at least one of the sub-committees to lead components of team events throughout the year.

_____ I, and my parents, have thoroughly read and fully understand the 2026-2027 RDT Team Member/Parent Overview & Financial Commitment and Team Agreement forms.

_____ I understand the financial responsibility and can 100% manage this responsibility – RDT Dues of $250 per dancer will be due on or before August 24th.. There will be other costs (approximately $50-$600) for all other needed supplies such as uniforms, team jacket, team sneakers, etc. (NOTE – the higher end of this range will be for new members as they purchase all uniforms for the first time, etc. – many of which are re-used year-to-year making future year payments less. *(*Payment plans can be arranged, as needed)*

_____ I am available and will attend the Summer Dance Team Pre-Season to be held at Rustin High School on August 24th-28th, from 9am-3pm. Typically, three routines will be taught during this time, in preparation for the team's first football game performance – which will most likely be held withing the first 1-3 weeks of school. (NOTE: Friday, the 28th is currently a TBD, but dancers are required to hold it open on their calendars until notified otherwise. There is also a strong chance that some of the practice times will move to late afternoon/ early evening hours for that week to allow for a guest choreographer, so dancers should hold that time, as well (i.e., 4pm-7pm)).

_____ I am available for all practices after school on Tuesdays & Thursdays from 2:30pm-3:45pm starting August 31st.

_____ I will fill notify my coach at the start of the season of any major known practice conflicts; And will let her know in a timely manner of any unplanned that come up.

_____ **I understand that if I miss 3 practices, arrive late, or leave early from practices, I may be removed from a routine and possibly the team all together. I understand that if I miss 3 performances or events, I will be removed from the next performance, and possibly the team**.

_____ I will be available and/or make myself available to perform at the Homecoming Pep Rally; Date TBA

_____ I will be available and/or make myself available to perform at Friday night football & mid-week soccer games in September and October – exact dates to be confirmed by Athletic Director. (In a typical year – there are 2-3 football games & 3-5 soccer games.)

_____ I, **and my parents** will be available and/or make myself available for a MANDATORY dance workshop fundraising event which will take place in late October or early November from 8:00am-3:00pm. The date will be communicated as soon as it is known/ set – but has historically, most often been on the second Saturday of November.

_____ I will be available and/or make myself available to perform at basketball games throughout December-February mostly held on Tuesday, Wednesday and/or Thursday evenings (A more specific schedule will be available in the mid-to-late-fall timeframe; In a typical year – there are 6-9 evening basketball games).

_____I am currently registered at a dance studio & taking an outside dance class(s) &/or will sign up at the following studio for a classes over the 2026 summer & during the upcoming team season; This is required to ensure technique is practiced & maintained, and the ability to quickly pick up choreography is achievable. RDT has a high standard for performance quality which all dancers will be expected to meet for the greater good of the team. *****IF AT ANY POINT – A DANCER IS NOT "PERFORMANCE-READY" AND ON PAR WITH THE PERFORMANCE LEVEL OF THE REST OF THE TEAM – SHE WILL BE REMOVED/HELD FROM PERFORMANCES UNTIL HER LEVEL MATCHES THAT OF THE TEAM.** THIS WILL BE STRICTLY ENFORCED FOR THE 2026-2027 SEASON

_____.

_____ I will conduct myself in a positive & friendly attitude towards my coach, my teammates and all parents and school faculty involved. I will also be respectful and professional in all that I do – as a representative of the Rustin Dance Team.

_____ I will academically do my best & understand that if my grades are not acceptable, I may be removed from the team.

_____ I will work hard at every practice and give 100% performance quality always. Again, I understand that if my dancing is not at a "performance ready" level, as determined by the coach, I will be removed from performances until achieved.

_____ I am willing to be pushed to new levels in my dancing and performing and am excited to learn new things!

_____ I will communicate with my teammates and coach through Team Snap, Email and Text Messaging; And will monitor all regularly.

_____ If I will be running late or need to miss a practice, I will BE SURE to text Coach Emily and let her know.

_____ If I decide to participate in other school activities/sports, I will BE SURE that it does not conflict with Dance Team in any way.

_____ _____

Student Name Date

_____

Student Signature

_____ _____

Parent Name Date

_____

Parent Signature

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Alexis Hunter Group Inc 26 REGENCY PLZ GLEN MILLS, PA 19342-1001	CONTACT NAME: PHONE (A/C, No, Ext): 484-318-2252 FAX (A/C, No): (484) 765-3390 E-MAIL ADDRESS: chris@ahginsurance.com; chriszahg@gmail.com
	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Great American Insurance Company — 16691
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: West Chester Rustin Dance team c/o A Gentile 1555 S. COVENTRY LN West Chester, PA 19382	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** GAP147584 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X INCLUDES ATHLETIC PARTICIPANTS GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC	X		PAC 4725038	08/25/2025 12:00 AM	08/25/2026 12:01 AM	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $300,000 $0 $1,000,000 $1,000,000 $1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTO NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	
A	Professional Liability	X		PAC 4725038	08/25/2025 12:00 AM	08/25/2026 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT	$1,000,000 $1,000,000
A	Abuse and Molestation	X		PAC 4725038	08/25/2025 12:00 AM	08/25/2026 12:01 AM	EACH OCCURRENCE GENERAL AGGREGATE	$100,000 $300,000
A	Accident/Medical Coverage			BSR-F345496-00	08/25/2025 12:00 AM	08/24/2026 11:59 PM	AD&D MAXIMUM MEDICAL DEDUCTIBLE	$10,000 $25,000 $0

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Youth Sport Leagues - Cheerleading (no stunts)

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER	CANCELLATION
WCASD - West Chester Area School District 782 Springdale Dr Exton, PA 19341	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Alexis Hunter Group Inc.

IDFAC-E (4)

West Chester Area School District

Athletic Group President Agreement

I, Michele Alcott, Group President for
The Bayard Rustin High School Dance Team
_____, have received and reviewed the West Chester Area School District Requirements for Recognition of Athletic Groups attached to this application and agree to abide by those requirements.

Michele Alcott
Group President

Commonwealth of Pennsylvania

County of _____

On this the _____ day of _____, before me, _____, the undersigned officer, personally appeared, _____ known to me to be the person whose name is subscribed to this document, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

_____
Notary Public

2026-2027 RUSTIN DANCE TEAM ROSTER

9TH GRADE

HAYLEE BENZ
MARIELLA CURRY
ADELYN FOUR
EMMA GATHERCOLE
MALENA KAMARA
AVA MULLIN
MADELINE PREMATTA
SOFIA SOARES

10TH GRADE

SYDNEY FRASCELLA
EMMA HAYES
SOPHIA PASQUANTONIO
SAGE ROSENFELD

11TH GRADE

EMILY GRIFFITH
SKYLA MCFARLAND
KARLEIGH PRESTON
KIARA RICCIARDI
SOPHIA SALERNO

12TH GRADE

MELAINA ALCOTT
HALEIGH GRAHAM
EMMA LYONS
EMILY MANNES
FAITH OGLESBY
LAUREN QUIGLEY
MADDI RAIMONDO

West Chester Area School District

Annual Application for Recognition and Athletic Group Status Directions

Any athletic group seeking recognition and group status from the West Chester Area School District must complete this form and agree to comply with the attached West Chester Area School District Requirements for Recognition of Athletic Groups.

Completed applications must be returned at least two months before the expected starting date accompanied by the following:

1. A copy of the current group rules and regulations; and
2. The Hold Harmless and Indemnification Agreement signed by the advisor/coach and the group president.

Information Required

a. Name of Group Rustin Hockey Club Inc.

b. Name of Advisor/Coach Chris Francis

c. Name of Group President Bruce Bley

d. Name of Activity or Sport Ice Hockey

e. Name of general liability insurance carrier Acord Corporation/ USA Hockey

f. Name of directors' and officers' insurance carrier Great American Insurance Group

6/1/2022 to 6/01/2028
Date

West Chester Area School District

The High School Athletic Group

Hold Harmless and Indemnification Agreement

Rustin Hockey LLC Group ("Group") agrees to the following in consideration of its receipt of official group status from the Board of School Directors of West Chester Area School District ("WCASD").

1. The Group agrees to indemnify and hold WCASD as well as WCASD's Directors, agents, and employees harmless of any and all liability arising from or based upon the activities of the Group.

2. Liability includes any loss, damage, expense, causes of actions, lawsuits, claims, or judgments, including attorney's fees, and includes but is not limited to injuries to person or property.

3. The Group shall, at its own cost and expense, defend any and all lawsuits which may be brought against WCASD whether that lawsuit is brought against WCASD alone or in conjunction with others.

4. The Group shall satisfy, pay, and discharge any and all judgments and fines that may be recovered against WCASD in any lawsuit referenced in paragraph 3 above.

5. WCASD shall give the Group written notice of any claim or demand or lawsuit.

Intending to be legally bound, the Group agrees to the foregoing.

B— A[illegible]

Group President

Chris Francis

Advisor/Coach

8/13/2026

Date

IDFAC-E (3)

West Chester Area School District

Athletic Group Advisor/Coach Agreement

I, JOHN FRANCIS, Advisor/Coach for BOSTON ICE HOCKEY CLUB, have received and reviewed the West Chester Area School District Requirements for Recognition of Athletic Groups attached to this application and agree to abide by those requirements.

Advisor/Coach

Commonwealth of Pennsylvania

County of Delaware

On this the 13 day of Aug, 2020, before me, Sharon Angelaccio the undersigned officer, personally appeared, John C Francis known to me to be the person whose name is subscribed to this document, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

Notary Public

Sharon L. Angelaccio

Commonwealth of Pennsylvania - Notary Seal
Sharon L. Angelaccio, Notary Public
Delaware County
My commission expires April 7, 2021
Commission number 1003053
Member, Pennsylvania Association of Notaries

IDFAC-E (4)

West Chester Area School District

Athletic Group President Agreement

I, Bruce A. Bley, Group President for Rustin Hockey Inc.

_____, have received and reviewed the West Chester Area School District Requirements for Recognition of Athletic Groups attached to this application and agree to abide by those requirements.

Group President

Commonwealth of Pennsylvania

County of Delaware

On this the 13 day of August 2024, before me, Melissa Castagliuolo, the undersigned officer, personally appeared, Bruce A Bley known to me to be the person whose name is subscribed to this document, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

Melissa Castagliuolo
Notary Public

Commonwealth of Pennsylvania - Notary Seal
Melissa Castagliuolo, Notary Public
Delaware County
My commission expires June 25, 2028
Commission number 1445954
Member, Pennsylvania Association of Notaries

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/29/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Contact your USA Hockey Assigned Risk Manager PHONE (A/C, No, Ext): · FAX (A/C, No): · E-MAIL ADDRESS: ·
INSURED USA Hockey, Inc. and its Member Leagues, Teams & Organizations and USA Hockey Affiliates 1775 Bob Johnson Drive Colorado Springs, CO 80906	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Pennsylvania Manufacturers' Association In 12262 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** W40147857 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR X Participant Legal Liability X Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			302501-13-12-76-8	09/01/2025	09/01/2026	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 5,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
							Part Legal Liability	$ Included
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						☐ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

All West Chest HS Ice Hockey teams

CERTIFICATE HOLDER

West Chester Area School District
820 Paoli Pike
West Chester, PA 19380

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

John Bean

SR ID: 28325992 BATCH: 4104574