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 Indoor Color Guard

b. Name of Advisor/Coach Emma Rodesblatt

c. Name of Group President Kevin Hill

d. Name of Activity or Sport Color Guard

e. Name of general liability insurance carrier The Hartford

f. Name of directors' and officers' insurance carrier The Hartford

10/15/2026
Date

West Chester Area School District

The High School Athletic Group

Hold Harmless and Indemnification Agreement

Indoor Color Guard 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.

Group President

Advisor/Coach

Date

IDFAC-E (3)

West Chester Area School District

Athletic Group Advisor/Coach Agreement

I, Emma Hodesblatt, Advisor/Coach for Indoor Color Guard, 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.

Emma Hodesblatt
Advisor/Coach

Commonwealth of Pennsylvania

County of Chester

On this the 15 day of October 2020, before me, Rebecca Chantry, the undersigned officer, personally appeared, Emma Hodesblatt 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

Commonwealth of Pennsylvania - Notary Seal
REBECCA L CHANTRY - Notary Public
Chester County
My Commission Expires February 1, 2021
Commission Number 1390630

IDFAC-E (4)

West Chester Area School District

Athletic Group President Agreement

I, Kevin Hill, Group President for Indoor Color Guard, 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 Chester

On this the 15 day of October 2026, before me, Rebecca Chantry, the undersigned officer, personally appeared, Kevin Hill 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

Commonwealth of Pennsylvania - Notary Seal
REBECCA L CHANTRY - Notary Public
Chester County
My Commission Expires February 1, 2029
Commission Number 1390630

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/22/2026

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	CONTACT NAME: Rick Moser
Westtown Insurance Group 1517 McDaniel Drive West Chester, PA 19380	PHONE (A/C, No, Ext): (610) 738-9400 FAX (A/C, No): (610) 738-9404 E-MAIL ADDRESS: rick@westtowninsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Property and Casualty Insurance Company of Hartford	34690
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Rustin Indoor Color Guard
322 Sissinghurst Dr
West Chester, PA 19382-7231

COVERAGES **CERTIFICATE NUMBER:** **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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. ***Not Applicable in WY**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			44 SBM BX6XVY	11/17/2026	11/17/2027	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	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 ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] N / A 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)

The Business Liability Coverage Part includes Blanket Additional Insured By Contract endorsement, Form SL 30 32 06 21, subject to the terms and conditions of the policy.

Employment Practices Liability (Claims-Made): $25,000 Each Claim / $25,000 Annual Aggregate.

CERTIFICATE HOLDER

FOR PROOF OF INSURANCE PURPOSES

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



© 1988-2025 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

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

© 1988-2016 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SR ID: 28325992 BATCH: 4104574