



**ADV Sports Club**  
**4<sup>th</sup> and 5<sup>th</sup> grade**  
**Mondays 4:00PM -5:00PM**  
**Session 1 (5 weeks)**  
**September 25 to October 23**  
**\$50.00**

**Students will learn skills in soccer, baseball, football, softball, Kickball and basketball.**

*Students will also work on fitness and play games.*

*(All sports equipment needed will be supplied to each student.)*

*No refunds for students who miss sessions*

*Please Contact Coach A. at [c.aumentp@pcsb.org](mailto:c.aumentp@pcsb.org) if you have any questions.*

*Fill out the bottom half of this form and return Coach A.*

*Hand it back next week*

**PICK UP AT 5 PM IN FRONT OF THE SOUTH BUILDING- PLEASE PICK YOUR CHILD UP ON TIME**

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*I agree to all the above terms above. Please make checks/money orders payable to Patrick Aument.*

*( ) Session 1: \$50*

**Parent/Guardian's Signature** \_\_\_\_\_

**Students Full Name** \_\_\_\_\_

**Parent's Full Name** \_\_\_\_\_

**Parents' Email** \_\_\_\_\_ **Parent's Phone Number** \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/20/2016

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<br>K&K Insurance Group, Inc.<br>1712 Magnavox Way<br>Fort Wayne IN 46804   | CONTACT NAME: Mass Merchandising Underwriting |                                     |       |
|   | PHONE (A/C, No, Ext): 1-800-506-4856          | FAX (A/C, No): 1-260-459-5590       |       |
|   | E-MAIL ADDRESS: info@fitnessinsurance-kk.com  |                                     |       |
|   | PRODUCER CUSTOMER ID:                         |                                     |       |
|   | INSURER(S) AFFORDING COVERAGE                 | NAIC #                              |       |
| INSURED<br>Patrick D Aument<br>12738 Westwood Lakes Blvd.<br>Tampa, FL 33626<br>A Member of the Sports, Leisure & Entertainment RPG | INSURER A:                                    | Nationwide Mutual Insurance Company | 23787 |
|   | INSURER B:                                    |                                     |       |
|   | INSURER C:                                    |                                     |       |
|   | INSURER D:                                    |                                     |       |
|   | INSURER E:                                    |                                     |       |
|   | INSURER F:                                    |                                     |       |

COVERAGES CERTIFICATE NUMBER: W00933588 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        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |           |          | 6BRPG000005861100 | 10/24/2016<br>12:01 AM EDT | 10/24/2017<br>12:01 AM  | EACH OCCURRENCE   | \$500,000   |
|          |  |           |          |                   |                            |                         | DAMAGE TO RENTED PREMISES (Ea Occurrence)                           | \$300,000   |
|          |  |           |          |                   |                            |                         | MED EXP (Any one person)  | \$5,000     |
|          |  |           |          |                   |                            |                         | PERSONAL & ADV INJURY   | \$500,000   |
|          |  |           |          |                   |                            |                         | GENERAL AGGREGATE   | \$5,000,000 |
|          |  |           |          |                   |                            |                         | PRODUCTS - COMP/OP AGG  | \$500,000   |
|          |  |           |          |                   |                            |                         | PROFESSIONAL LIABILITY  | \$500,000   |
|          |  |           |          |                   |                            |                         | LEGAL LIAB TO PARTICIPANTS  | \$500,000   |
|          | AUTOMOBILE LIABILITY   |           |          |                   |                            |                         | COMBINED SINGLE LIMIT (Ea accident)                                 |             |
|          | <input type="checkbox"/> ANY AUTO  |           |          |                   |                            |                         | BODILY INJURY (Per person)  |             |
|          | <input type="checkbox"/> OWNED AUTOS ONLY  |           |          |                   |                            |                         | BODILY INJURY (Per accident)  |             |
|          | <input type="checkbox"/> HIRED AUTOS ONLY  |           |          |                   |                            |                         | PROPERTY DAMAGE (Per accident)                                      |             |
|          | <input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII  |           |          |                   |                            |                         |   |             |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR   |           |          |                   |                            |                         | EACH OCCURRENCE   |             |
|          | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE   |           |          |                   |                            |                         | AGGREGATE   |             |
|          | DED <input type="checkbox"/> RETENTION   |           |          |                   |                            |                         |   |             |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  | N/A       |          |                   |                            |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |             |
|          | ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   |           |          |                   |                            |                         | E.L. EACH ACCIDENT  |             |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |                   |                            |                         | E.L. DISEASE - EA EMPLOYEE  |             |
|          |  |           |          |                   |                            |                         | E.L. DISEASE - POLICY LIMIT   |             |
|          | MEDICAL PAYMENTS FOR PARTICIPANTS  |           |          |                   |                            |                         | PRIMARY MEDICAL   |             |
|          |  |           |          |                   |                            |                         | EXCESS MEDICAL  |             |

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

Instructor of: Baseball, Basketball, Football, Soccer, Softball, Tennis, Volleyball  
Sports instruction conducted at locations that are NOT owned or operated by the instructor.

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| CERTIFICATE HOLDER   | CANCELLATION   |
| Evidence of Coverage | 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<br>  |

Coverage is only extended to U.S. events and activities.  
\*\* NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas