

ANNANDALE BOYS' & GIRLS' CLUB REGISTRATION

4216 Annandale Rd. Annandale, VA 22003 703-941-ABGC (2242) FAX 703-941-4412

Basketball Coordinators: Gary Wright gdw@garydwright.com (boys) Juan Colon jcackids@aol.com (girls)

Commissioner: Lezone Kenney lezone74@yahoo.com

Office Hours: Monday thru Friday 3 – 7 PM, Saturday 9 – 12 Noon

EMAIL: abgc@abgc.org

***REGISTER ONLINE AND SAVE \$5 @ WWW.ABGC.ORG**

CHECK APPROPRIATE BOX(ES)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Basketball \$120
First Time \$60
K-12 th grade | <input type="checkbox"/> Top Soccer \$70
Ages 5 – 18
ATHLETES WITH DISABILITIES | <input type="checkbox"/> Wrestling \$120
Ages 6 – 14
\$140 as of 11/20/2018 | <input type="checkbox"/> Boxing
Ages 7 – Adult
571-436-5983 Leo Rossiter |
|--|---|---|--|

The basketball fee includes clinics for 5-12 year olds. The registration fee of \$60 is only for “First Time” basketball players with the Annandale Boys’ & Girls’ Club. Basketball season is from Dec., 2018 thru March 2019. The wrestling program will begin in November and run through February. Registration will close Nov. 25, 2018. Teams are formed with a neighborhood concept by grade level. *These materials are neither sponsored nor endorsed by the Fairfax County School Board, the Superintendent, or this school.*

REQUESTED COACH _____

SPECIAL REQUESTS _____

MAIL OR DELIVER FORM AND FEE TO: ABGC, 4216 Annandale Rd., ANNANDALE, VA 22003

Player's First Name (Type or Print) _____ Middle Initial ____ Last Name _____

Boy ____ Girl ____ Date of Birth _____ School _____

Address _____ City _____ Zip _____

Grade in Sept. 18 _____ E-mail _____

Telephone (H) _____ (C) _____

WE RELY ON VOLUNTEERS. PLEASE PARTICIPATE IN ONE OF THE FOLLOWING:

NO FEES:

- Coach
 League Commissioner

\$10.00 Refund

- Assistant Coach

No Refund

- Will be a spectator

I hereby give permission for my child to play _____ (sport). I have insurance to cover all risks of injury or doctor's bills that might be incurred and accept all responsibility for my child's safety at practice and at games.

I also understand that there are no refunds. In the event I cannot get the team of my choice, I will accept an assignment made by ABGC.

IF YOU ARE NOT A FAIRFAX COUNTY RESIDENT, THERE IS A \$30 FEE Amt. Paid _____

IF YOU ARE A SCHOLARSHIP PLAYER, THERE IS A \$40 NON-REFUNDABLE FEE Amt. Paid _____

Parent's Signature _____ Amt. Paid \$ _____

Check Cash Cr. Card

Print Parents' First & Last Name _____ Date _____