

ANNANDALE BOYS' & GIRLS' CLUB REGISTRATION

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

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

Soccer Coordinator: Helen Crum helenkcrum@gmail.com

EMAIL: abgc@abgc.org

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

Annandale Boys & Girls Club has the longest running Soccer and Tee Ball Programs in the Washington Area!

CIRCLE APPROPRIATE SPORT – SPRING 2019

SPRING SOCCER \$120

First Time \$60
3 Before 10/1/2018 thru Grade 12

TEEBALL \$120

First Time \$60
K thru 2nd grade

BOXING

Ages 7 - Adult
Leo @ 571-436-5983

LACROSSE

Register online at
www.annandalelacrosse.org

TOP SOCCER \$48

Ages 5 - 18

ATHLETES WITH DISABILITIES

An ABGC player can play both soccer and teeball at the same time, since the schedules should not conflict. **The half priced registration fee of \$60 is only for “First Time” players in that sport with the Annandale Boys’ & Girls’ Club.** For kazaxe information, call Asuka at 703-300-7448. *These materials are neither sponsored nor endorsed by the Fairfax County School Board, the Superintendent, or this school.*

AFTER REGISTERING, ALL U11 – U19 (SFL) PLAYERS, IF REQUESTED BY ABGC, MUST SUBMIT COPY OF PROOF OF BIRTH.

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 Now _____ E-mail _____

Telephone (H) _____ (O) _____ (C) _____

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

No Fees:

Coach
League Commissioner

\$10.00 Refund(After completion Except A.C .)

Assistant Coach
Deliver Forms to 5 Schools
Office Help (3 Hours)

No Refund

Will be a spectator

Did your child play in the Fall 2018? : Yes _____ No _____

I hereby give permission for my child to play **SOCCER/ TEEBALL** (circle one). 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 ____
Credit Card _____

Parents' First/LastName(Printed) _____ Date _____