ANNANDALE BOYS' & GIRLS' CLUB REGISTRATION

4216 Annandale Rd. Annandale, VA 22003 703-941-ABGC (2242) **FAX** 703-941-4412
Basketball Coordinators: Taylor Wright taylorqwright@gmail.com (gitls) **Juan Colon** jcackids@aol.com (boys)
Commissioner: Juan Colon jcackids@aol.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

Basketball $150	**Wrestling $160**	**Boxing**
First Time $75	**Ages 5 – 14**	**Ages 7 – Adult**
K - 12th Grade		**571-436-5983**

The basketball fee includes clinics for 4th thru 8th grade. The registration fee of $75 is only for "First Time" basketball players with the Annandale Boys' & Girls' Club. Basketball season is from Dec., 2023 thru March 2024.   The wrestling program will begin in November and run through February. Registration will close Dec. 1, 2023. 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)_____ Last Name_____

Boy_____Girl_____ Date of Birth_____School_____

Address_____City_____Zip_____

Grade in Now_____E-mail_____

Telephone (H)_____(C)_____

WE RELY ON VOLUNTEERS. PLEASE PARTICIPATE IN ONE OF THE FOLLOWING:
NO FEES::   **$10.00 Refund**   **No Refund**
 Coach   Assistant Coach   Will be a spectator
 League Commissioner

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 $55 NON-REFUNDABLE FEE   Amt. Paid_____

Parent's Signature_____Amt. Paid $_____
                                                                                                    Check   Cash   Cr. Card

Print Parents' First & Last Names_____Date_____ _