

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 2023

SPRING SOCCER \$150

First Time \$75

Age 3 thru Grade 12

TEEBALL \$150

First Time \$75

K thru 2nd grade

BOXING

Ages 7 - Adult

Leo @ 571-436-5983

LACROSSE

Register online at

www.annandalelacrosse.org

SPRING FLAG FOOTBALL \$100

Ages 6 - 15

An ABGC player can play both soccer and tee ball at the same time, since the schedules should not conflict. **The half priced registration fee of \$75 is only for "First Time" players in that sport with the Annandale Boys' & Girls' Club.** Spring Flag Football will start March 20th and run through June 2nd. *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 2022? : 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 \$55 NON-REFUNDABLE FEE Amt. Paid _____

Parent's Signature _____ Amt. Paid \$ _____ Check _____ Cash _____
Credit Card _____

Parents' First/LastName(Printed) _____ Date _____