

ANNANDALE BOYS & GIRLS CLUB REGISTRATION

4216 Annandale Rd. Annandale, VA 22003 703-941-ABGC (2242) 703-941-4411 FAX 703-941-4412

Office hours: Monday thru Friday 3 – 7pm and Saturday 9 – 12 noon

Soccer Coordinator: Helen Crum email: helenkcrum@gmail.com

EMAIL: abgc@abgc.org

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

Annandale Boys & Girls Club has the longest running Soccer Program in the Washington Area!!

CIRCLE APPROPRIATE SPORT - FALL 2022

Fall Soccer \$150
First Time \$ 75
(Grade Pre-K – 12)

Tackle Football \$150
(Ages 7 to 16)

Boxing
(Ages 7 – Adult)
Call Leo @ 571-436-5983

TOP SOCCER \$77
(Ages 5 – 18)
ATHLETES WITH DISABILITIES

Soccer is for Mighty Mites, children ages 3 & 4, and for boys and girls in K through 12th grades. Mighty Mites and Kindergarten teams are co-ed. There is an 8 – 10 game season. Every player is guaranteed to play half or more of every game regardless of size or physical ability. Teams are formed on a school and neighborhood concept by grade level. **Football** is for youth ages 7 – 16. Practices start on Monday, August 1st. Nobody is ever denied for lack of funds. These materials are *neither sponsored nor endorsed by the Fairfax County School Board, the Superintendent, or this school.*

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

Requested Coach _____

Special Requests _____

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

Boy ____ Girl ____ Date of Birth _____ E-mail: _____

Address _____ School _____ Grade in Sept.2022 _____

City _____ ZIP _____ Telephone (H) _____ (C) _____

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

No Fees:

Coach
League Commissioner

Refunds are processed after items selected are completed: (Exceptions: Coach/Assistant Coach and Commissioner)

Assistant Coach (\$10 refund at registration)
Deliver Forms to Assigned Schools
Office Help (3 Hours)

No Refund:

Spectator/fan

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 ____

Print Parents' First & Last Names _____ Date _____ Credit Card _____