

# 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 [helenkerum@gmail.com](mailto:helenkerum@gmail.com)

EMAIL: [abgc@abgc.org](mailto:abgc@abgc.org)

**REGISTER ONLINE AND SAVE \$5 @ [WWW.ABGC.ORG](http://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 2<sup>nd</sup> grade

**BOXING**

**Ages 7 - Adult**  
Leo @ 571-436-5983

**LACROSSE**

Register online at  
[www.annandalelacrosse.org](http://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)

<b>No Fees:</b>	<b>\$10.00 Refund( After completion Except A.C .)</b>	<b>No Refund</b>
Coach	Assistant Coach	Will be a spectator
League Commissioner	Deliver Forms to 5 Schools	
	Office Help (3 Hours)	

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 \_\_\_\_\_