

ANNANDALE BOYS & GIRLS CLUB REGISTRATION

4216 Annandale Rd. Annandale, VA 22003 703941ABGC (2242) 7039414411 FAX 7039414412

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

Soccer Coordinator: Helen Crum email: helenkerum@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 2018

Fall Soccer \$115
First Time \$58
(Grade Pre-K – 12)

Cheerleading \$115
(Ages 6 – 13)

Football \$115
(Ages 7 to 16)

Field Hockey \$115
(Grade 1 – 8)

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

Top Soccer \$56
(Ages 5 – 18)

ATHLETES WITH DISABILITES

Soccer is for Mighty Mites, children age 3 & 4, and for boys and girls in K through 12th grades. Mighty Mite and Kindergarten teams are coed. 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 in August. **FIELD HOCKEY:** 1st & 2nd grade will only register for the clinics which are once a week. 3rd-8th graders register for one practice day & a game. Breakdown will be 3rd/4th, 5th/6th & 7th/8th. 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 _____ Email: _____

Address _____ School _____ Grade in Sept.2018 _____

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. **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 NONREFUNDABLE FEE

Amt.

Paid _____

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

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