

# 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](mailto:helenkcrum@gmail.com)

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

REGISTER ONLINE @ [WWW.ABGC.ORG](http://WWW.ABGC.ORG) & SAVE \$5

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

## CIRCLE APPROPRIATE SPORT FALL 2019

**Fall Soccer \$130**

**First Time \$ 65**

(Grade Pre-K – 12)

**Football \$130**

(Ages 7 to 16)

**Boxing**

(Ages 7 – Adult)

Call Leo @ 571-436-5983

**TOP SOCCER \$55**

(Ages 5 – 18)

**ATHLETES WITH DISABILITIES**

**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 on August 6TH. 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.2019 \_\_\_\_\_

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 \$50 NONREFUNDABLE FEE**

**Amt.**

**Paid** \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Amt. Paid \$ \_\_\_\_\_ Check \_\_\_ Cash \_\_\_

Print Parents' First & last Names \_\_\_\_\_ Date \_\_\_\_\_ Credit Card \_\_\_\_\_