

# 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 [helenkrum@gmail.com](mailto:helenkrum@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 2020

**SPRING SOCCER \$130**  
**First Time \$65**  
Age 3 thru Grade 12

**TEEBALL \$130**  
**First Time \$65**  
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 \$77

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 \$65 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)

**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 2019? : 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 \$50 NON-REFUNDABLE FEE** Amt. Paid \_\_\_\_\_

**A \$3 PROCESSING FEE MUST BE INCLUDED IN THE TOTAL OF THIS ORDER OR IT WILL NOT BE ABLE TO BE PROCESSED. PAY IN FULL IF POSSIBLE TO AVOID PAYING THIS MORE THAN ONCE.**

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

Parents' First/LastName(Printed) \_\_\_\_\_ Date \_\_\_\_\_