

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 2024

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 \$84
(Ages 5 – 18)
ATHLETES WITH DISABILITIES

2's & 3's Fall Soccer \$90
Ages 2 & 3

Cheerleading \$150
Ages 5 – 15

There is an additional \$3 charged by the website for each sport/child

Soccer is for Mighty Mites, children ages 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 Tuesday, August 5th. After August 10th there will be a \$30 Late fee, after August 17th there will be a \$40 late fee, after August 24th and until the end there will be a \$60 late fee. 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 _____ School _____

Address _____ City _____ Zip _____

Grade in Sept.24 _____ E-mail _____

Telephone (H) _____ (O) _____ (C) _____

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

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

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 \$50 FEE Amt. Paid _____

IF YOU ARE A SCHOLARSHIP PLAYER, THERE IS A \$55 NONREFUNDABLE FEE Amt. Paid _____

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

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