

ANNANDALE BOYS' & GIRLS' CLUB REGISTRATION

4216 Annandale Rd. Annandale, VA 22003 703-941-ABGC (2242) FAX 703-941-4412

Basketball Coordinators: Taylor Wright taylorwright@gmail.com (girls) Brandon Colon papo152215@yahoo.com (boys)

Commissioner: Juan Colon jcackids@aol.com

Office Hours: Monday thru Friday 3 – 7 PM, Saturday 9 – 12 Noon

EMAIL: abgc@abgc.org

***REGISTER ONLINE AND SAVE \$5 @ WWW.ABGC.ORG**

Basketball \$150
First Time \$75
K - 12th Grade

Cheerleading \$150
Ages 5 - 15

Wrestling \$160
Ages 5 – 14

Boxing
Ages 7 – Adult
571-436-5983

The basketball fee includes two clinics for 4th thru 8th grade. The registration fee of \$75 is only for “First Time” basketball players with the Annandale Boys’ & Girls’ Club. Basketball season is from Dec., 2024 thru March 2025. The wrestling program will begin in November and run through February. Registration will close Dec. 1, 2024. Teams are formed with a neighborhood concept by grade level. *These materials are neither sponsored nor endorsed by the Fairfax County School Board, the Superintendent, or this school.*

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) _____ Last Name _____

Boy _____ Girl _____ Date of Birth _____ School _____

Address _____ City _____ Zip _____

Grade in Now _____ E-mail _____

Telephone (H) _____ (C) _____

WE RELY ON VOLUNTEERS. PLEASE PARTICIPATE IN ONE OF THE FOLLOWING:

NO FEES::

Coach

League Commissioner

\$10.00 Refund

Assistant Coach

No Refund

Will be a spectator

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.

THERE IS A \$3 WEB FEE FOR EVERYONE.

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 NON-REFUNDABLE FEE Amt. Paid _____

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

Print Parents' First & Last Names _____ Date _____