

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

EMAIL: abgc@abgc.org

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

Annandale Boys & Girls Club has the longest running Soccer and Tee Ball Programs in the Washington Area!

CIRCLE APPROPRIATE SPORT – SPRING 2025

SPRING SOCCER \$150
First Time \$75
Age 4 thru Grade 12

T-BALL \$150
First Time \$75
K thru 2nd grade

BOXING
Ages 7 - Adult
Leo @ 571-436-5983

LACROSSE
Register online at
www.annandalelacrosse.org

2's & 3's Spring Soccer \$90
Ages 2 – 3

TOP SOCCER \$60
Ages 5 – 18
ATHLETES WITH DISABILITIES

FOOTBALL \$120
(Skill Development/No Flag)
3rd thru 8th Gade

Introduction Flag Football \$55
Ages 5 & 6
One month program

An ABGC player can play both soccer and t-ball at the same time, since the schedules should not conflict. **The half priced registration fee of \$75 is only for “First Time” players in that sport with the Annandale Boys’ & Girls’ Club.**

Top Soccer will start 4/27 thru 6/1 with no activities on 5/25. Skill development football will start in March and will run thru June 2025. *These materials are neither sponsored nor endorsed by the Fairfax County School Board, the Superintendent, or this school.*

AFTER REGISTERING, ALL U11 – U19 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: | \$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) | |

Did your child play in the Fall 2024? : Yes _____ No _____

I hereby give permission for my child to play **SOCCER/ T-BALL** (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 \$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 ___
Credit Card _____

Parents' First/LastName(Printed) _____ Date _____