

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

Soccer Coordinator: Helen Crum email: [helenkcrum@gmail.com](mailto:helenkcrum@gmail.com)

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 2023

**2's & 3's Fall Soccer \$80**

(Ages 2 - 3)

**Fall Soccer \$150**

First Time \$ 75

(Ages 4 – U19)

**Tackle Football \$160**

(Ages 5 to 16)

**TOP SOCCER \$90**

(Ages 5 – 18)

**Cheerleading \$150**

(Ages 5 – 15)

**Boxing**

(Ages 7 – Adult)

ATHLETES WITH DISABILITIES

Call Leo @ 571-436-5983

**Soccer** includes ages 2 through 12th grades. Pre-K and Kindergarten teams are co-ed. 2's and 3's practice once per week (no games). 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 5 – 16. Practices start on Tuesday, August 1<sup>st</sup>. 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.23 \_\_\_\_\_ E-mail \_\_\_\_\_  
Telephone (H) \_\_\_\_\_ (O) \_\_\_\_\_ (C) \_\_\_\_\_

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

<b>No Fees:</b>	<b>\$10.00 Refund (After completion except A.C.)</b>	<b>No Refund</b>
Coach	Assistant Coach	Will be a spectator
League	Deliver Forms to 5 schools	
Commissioner	OfficeHelp (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 \$30 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 \_\_\_\_

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