ANNANDALE BOYS & GIRLS CLUB REGISTRATION

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

Office hours: Monday thru Friday 3 – 7pm and Saturday 9 – 12 noon

**Soccer Coordinator**: Helen Crum email: helenkcrum@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 2025**

 **Fall Soccer $150 Tackle Football $175 Boxing TOP SOCCER $115**

 **First Time $ 75** (Ages 7 to 16) (Ages 7 – Adult) (Ages 5 – 18) (Grade Pre-K – 12) **Call Leo @ 571-436-5983 ATHLETES WITH DISABILITIES**

**2’s & 3”s Fall Soccer $90 Cheerleading $150 Flag Football $125 T-Ball $150 Elite Cheerleading $175**

 (Ages 2 & 3) (Ages 5 – 15) (Ages 5 & 6 by July 1st) **First Time $75 Invitation only**

 (Grade K – 2nd) (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.

**Tackle Football** is for youth ages 7 – 16. Practices start on Monday, August 4th. After August 17th there will be a $30 Late fee, after

August 24th there will be a $40 late fee, after August 31st and until the end there will be a $60 late fee. **Top Soccer,** if you’re a member of

the JCC it will be $105, but if you’re a non-member it will be $115. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Player's First Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boy \_\_\_ Girl \_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade in Sept.25\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 completionExcept A.C.) No Refund**

 Coach Assistant Coach Will be a spectator

 League Commissioner Deliver Forms to 5 schools

I hereby give permission for my child to play\_\_\_\_\_\_\_\_\_\_\_\_**(Sports)**. 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**. \_\_\_\_\_\_(Checkmark) I have read and agree to follow the ABGC Code of Conduct. 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\_\_\_\_