

ANNANDALE BOYS' & GIRLS' CLUB REGISTRATION

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

Basketball Coordinators: Gary Wright gdw@garydwright.com (boys) Juan Colon jeackids@aol.com (girls)

Commissioner: Lezone Kenney lezone74@yahoo.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**

CHECK APPROPRIATE BOX(ES)

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> Basketball \$130 | <input type="checkbox"/> Wrestling \$150 | <input type="checkbox"/> Boxing |
| First Time \$65 | Ages 5 – 14 | Ages 7 – Adult |
| K-12 th grade | \$180 as of 12/10/2020 | 571-436-5983 Leo Rossiter |

The registration fee of \$65 is only for “First Time” basketball players with the Annandale Boys’ & Girls’ Club. Basketball season is from Jan., 2021 thru March 2021. The wrestling program will begin in January, 2021 and run into March 2021. Registration will close Dec. 31, 2020. 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) _____ Middle Initial _____ Last Name _____

Boy _____ Girl _____ Date of Birth _____ School _____

Address _____ City _____ Zip _____

Grade in Sept. 2020 _____ E-mail _____

Telephone (H) _____ (C) _____

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

NO FEES::

Coach

\$10.00 Refund

Assistant Coach

No Refund

Will be a

spectator

League Commissioner

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 \$50 NON-REFUNDABLE FEE Amt. Paid _____

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

Card

Print Parents' First & Last Name _____ Date _____