

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

Football Commissioner Dave “Coach Mac” McIntosh: football@abgc.org

EMAIL: abgc@abgc.org

REGISTER ONLINE- WWW.ABGC.ORG

ABGC Football: One Team in 1959, building over 65 years of Annandale

Pride, Community and Tradition.

Tackle Football Registration FALL 2026

Tackle Football \$225

Scholarship players \$125

(Ages 7 to 15)

Tackle Football is for youth ages 7 – 15. Practices start on Monday, August 3rd. Games will start middle of September (second week of September). 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) _____ Last Name _____

League: Boys ___ Girls ___ Date of Birth _____ School _____

Address _____ City _____ Zip _____

Grade in Sept.26 _____ E-mail _____

Telephone (H) _____ (O) _____ (C) _____

ABGC RELIES ON PARENT VOLUNTEERS. Receive a refund by choosing one of the following options: (CIRCLE ONE)

No Fees:

Coach

League Commissioner

\$10.00 Refund (After completion Except A.C.)

Assistant Coach

Deliver Forms to 5 schools

No Refund

Will be a spectator

I hereby give permission for my child to play football. 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.

_____(Checkmark) I have read and agree to these terms and will follow the ABGC Code of Conduct.

IF YOU ARE NOT A FAIRFAX COUNTY RESIDENT, THERE IS A \$50 FEE

Amt. Paid _____

IF YOU ARE A SCHOLARSHIP PLAYER, THERE IS A \$125 NONREFUNDABLE FEE

Amt. Paid _____

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

Print Parents' First & Last Names _____ Date _____ Credit Card _____