

# 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 [helenkcrum@gmail.com](mailto:helenkcrum@gmail.com)

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

**REGISTER ONLINE @ [WWW.ABGC.ORG](http://WWW.ABGC.ORG)**

**Annandale Boys' & Girls' Club has the longest running Soccer and T-Ball Programs in the Washington Area!**

## CIRCLE APPROPRIATE SPORT – SPRING 2026

**SPRING SOCCER \$150**

**First Time \$75**

Age 4 thru Grade 12

**T-BALL \$150**

**First Time \$75**

K thru 2<sup>nd</sup> grade

**BOXING**

**Ages 7 - Adult**

Leo @ 571-436-5983

**LACROSSE**

Register online at

[www.annandalelacrosse.org](http://www.annandalelacrosse.org)

**2's & 3's Spring Soccer \$90      TOP SOCCER \$115**

Ages 2 – 3

Ages 5 – 18

ATHLETES WITH DISABILITIES

**There is an additional \$5 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. 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 4/12 thru 6/7 with no activities on 5/24. *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**

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. **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 \_\_\_\_\_