

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 helenkrum@gmail.com

EMAIL: abgc@abgc.org

REGISTER ONLINE @ 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 2nd grade

BOXING

Ages 7 - Adult

Leo @ 571-436-5983

LACROSSE

Register online at

www.annandalelacrosse.org

2's & 3's Spring Soccer \$90

Ages 2 – 3

TOP SOCCER \$115

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:

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 _____ (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 _____