

# ANNANDALE BOYS' AND GIRLS' CLUB REGISTRATION

7236 Columbia Pike Annandale, VA 22003 703-941-4411 FAX 703-941-4412 E-MAIL [abgc@abgc.org](mailto:abgc@abgc.org)

Co-Presidents: Kip Germain 571-237-5842 and Greg Germain 571-237-5819

Basketball coordinators: George Reid [giantxfan1210@hotmail.com](mailto:giantxfan1210@hotmail.com) (boys) Gary Wright [Garydwright@aol.com](mailto:Garydwright@aol.com) (girls)

Office Hours: Monday thru Friday 3 - 7 PM, Saturday 9 - 12 Noon

WEBSITE: [WWW.ABGC.ORG](http://WWW.ABGC.ORG) EMAIL: [abgc@abgc.org](mailto:abgc@abgc.org)

## CHECK APPROPRIATE BOX(ES)

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Basketball \$62<br>First Time \$31<br>K-12 <sup>th</sup> grade<br>Deadline 11/30/09 | <input type="checkbox"/> Indoor Soccer \$62<br>First Time \$47<br>Ages 5 - 10 | <input type="checkbox"/> Wrestling \$80<br>Ages 5 - 14 | <input type="checkbox"/> Boxing<br>Ages 7 - Adult<br>571-436-5983 Leo Rossiter |
|--|---|--|--|

The basketball fee includes clinics for 5-12 year olds and a ticket to a Wizard's game for all basketball registrants. The registration fee of \$31 and \$47 is only for "First Time" players with the Annandale Boys' and Girls' Club. Basketball season is from Jan. thru March 2010. Indoor soccer will run from the middle of January to early March. (8 weeks). The wrestling program will begin November 3 and run through February. 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.*

MAIL OR DELIVER FORM AND FEE TO: ABGC, 7236 COLUMBIA PIKE, 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. 09 \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (O) \_\_\_\_\_ (C) \_\_\_\_\_

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

- |  |   |  |
|--|---|--|
| NO FEES:                                     | \$10.00 Refund (After Completion Except A.C.)       | No Refund                                    |
| <input type="checkbox"/> Coach               | <input type="checkbox"/> Assistant Coach            | <input type="checkbox"/> Will be a spectator |
| <input type="checkbox"/> League Commissioner | <input type="checkbox"/> Deliver Forms to 5 Schools |  |
|  | <input type="checkbox"/> Office Help (3 Hours)      |  |

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.*

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

Parent's First Names (Printed) \_\_\_\_\_ Date \_\_\_\_\_