



REGISTRATION: Open to Boys and Girls in grades K-6

REGISTRATION DATES: August 8th thru September 7th 2023
No late registrations will be accepted.
*No refunds after September 15th 2023

REGISTRATION FEE: \$25.00 – Please mail or bring registration along
with cash, check, or money order payable to:
Muncie Friends of Conley-Soccer Program

1304 N. MLK Blvd.
Muncie, IN 47303

Office Hours Tuesdays & Thursdays 4:30pm-6:00pm

PICTURE DATE: Teams will be scheduled for pictures on Saturday September 30th, 2023

PROGRAM DATES: Consists of 5 Saturdays daytime games
(8:30 a.m.-12 p.m.) and weekly practices.
Coaches will contact you for practice day & time.
Games will be: September 23, 30th & October 7, 14, 21

All games and practices are played at the
Muncie Ball Fields Park on 15th & Macedonia

TEAM LEVELS: Level 1: Grades K-1 Level 3: Grades 4-6
Level 2: Grades 2-3

Questions? Contact (Friends of Conley) at 765-288-0074

All registrations MUST be received by September 7TH.
Late registrations will NOT be accepted!

Partnering Organizations: Friends of Conley, City of Muncie & MCS

2023 FALL SOCCER REGISTRATION FORM

Email: focyouthsoccer@gmail.com
Facebook page: www.facebook.com/focsoccer

NAME _____

GENDER - MALE / FEMALE

AGE _____ GRADE _____

SHIRT SIZE _____
(specify YM, YL, AS, AM, AL, AXL)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER(S) _____

E-MAIL ADDRESS _____
MUST HAVE EMAIL CONTACT

SCHOOL CURRENTLY ATTENDING

CONSENT AND RELEASE:

I/We the undersigned parent(s)/guardian, hereby authorize my child, _____, to participate in the Muncie Recreation Soccer Program for the Fall 2023 season, and hereby forever release and discharge Muncie Recreation and it's Partners from injury, claim or demand which might result from participation of my child in the Muncie Recreation Soccer Program in Muncie, Indiana. Dated this _____ day of _____ 2023.

PARENT/GUARDIAN NAME (PRINTED)

SIGNATURE



Questions?
Contact Richard Ivy
765-808-0420.

This program/activity/event is not endorsed by or affiliated with the Muncie Community Schools.

SOCCER EXPERIENCE:

_____ Number of seasons you have played soccer. (Including recreation league, Star Soccer, etc.)

_____ I am new to Muncie Recreation Soccer Program.

_____ I would like to play for the same coach as last season.

TEAM BUDDY:

Forms must be turned in together.

My friend's name is

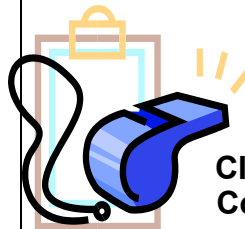
(List only **one** buddy. Buddy request is not guaranteed.)

PRACTICE DAY PREFERRED (Please circle):

M T W Th F

Preferred practice days are **NOT guaranteed**. Practice days) will be chosen by the coach.

Volunteer coaches and assistant coaches are needed this season. If you are interested in coaching your child's team, please complete the following and plan to attend the coaches meeting on September 12th



Discounts may be available for children of volunteer coaches.

CIRCLE area of interest:
Coach Asst. Coach Referee

NAME _____

PHONE _____

E-MAIL _____

*Coaches meeting will be held on **Tuesday September 12th at 6:00 PM at Heekin Park, Cabin #3.**