



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

REGISTRATION DATES: March 5th thru April 2nd 2024  
No late registrations will be accepted.  
**\*No refunds after April 6th 2024**

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 April 20th, 2024

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: April 13th, 20th, 27th & May 4th, 11th,

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 April 2nd.  
Late registrations will **NOT** be accepted!

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

# 2024 SPRING SOCCER REGISTRATION FORM

Email: [focyouthsoccer@gmail.com](mailto:focyouthsoccer@gmail.com)  
Facebook page: [www.facebook.com/focsoccer](http://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 Spring 2024 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 \_\_\_\_\_ 2024.

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

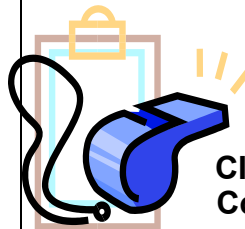
\_\_\_\_\_  
(List only **one** buddy. Buddy request is not guaranteed.)

## **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 April 3rd***



*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 April 3rd at 6:00 PM at Heekin Park, Cabin #3.**

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