



“Development Through Training”

## Jr. Kicker Academy

Wednesday’s  
April 11<sup>th</sup> thru June 5<sup>th</sup> 2018  
(no training 5/30)  
4/11, 4/18, 4/25, 5/2, 5/9,  
5/16, 5/23, 6/5

For Ages 7-11 years old

Registration form can be found online at  
[www.nifcsoccer.com](http://www.nifcsoccer.com)  
(under Programs, then click Jr. Kickers)

Mail form along with check payment to  
Northern Illinois FC  
Jr. Kickers  
P.O. Box 365  
Sycamore, IL 60178

**DEADLINE TO REGISTER: APRIL 4, 2018**  
**(mail form in before 4/04/18)**

# CLUB-LEVEL SOCCER TRAINING

## MISSION STATEMENT

Junior Kickers is a program designed and directed by professional coaches, primarily for recreational soccer players to develop their soccer ability through skill oriented games, activities, and small sided games.

### TRAINING CONCEPTS FOR DEVELOPING 7-9 YEAR OLDS

#### AIM / OBJECTIVES

- Familiarize Soccer Through Playing
- Learning the Ball
- Developing Coordination
- Small Sided Games
- Develop Social Skills in Small Groups
- Having Fun!

### TRAINING CONCEPTS FOR DEVELOPING 10-11 YEAR OLDS

#### AIM/OBJECTIVES

- Familiarize Soccer Through Playing
- Gaining Control of the Ball
- Positional Play and Tactics
- Develop the Enjoyment of Playing Soccer
- Develop an Awareness of Teammates

**Where: DeKalb Kiwanis Park**  
**Corner of 4<sup>th</sup> and Fairview**  
**DeKalb, IL 60115**

**When: 5:00–6:15pm Training**

**Please Bring a Soccer Ball, Water**

**If any questions please email**  
Dan Carl, NIFC Director of Coaching  
dcvikes@msn.com

**Jr. Kickers**  
**COST: \$90**  
(Includes T-Shirt)

Player Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Boy

Girl

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### SHIRT SIZE:

I hereby give permission and certify that my son/daughter is in good health and able to participate in all activities. I hereby release Northern Illinois FC, coaches, staff, and all other identities associated with the class of all liability for any injury or illness incurred by my child at the camp. In case of emergency, I grant permission for my son/daughter to be given emergency treatment at a local hospital.

Parent/Guardian

Signature \_\_\_\_\_

Date \_\_\_\_\_

Mail check to NIFC, PO BOX 365 Sycamore 60178 or  
Master Card Visa I hereby authorize you to charge my  
credit card:

Exp Date \_\_\_\_\_ Card ID # \_\_\_\_\_

(3 digit # on back of card)

Signature \_\_\_\_\_