



“Development Through Training”

Jr. Kicker Academy

Wednesday’s
January 23rd thru March 13th 2019

1/23, 1/30, 2/6, 2/13, 2/20,
2/27, 3/6, 3/13

For Ages 8-11 years old

Registration form can be found online at
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: JAN 18, 2019
(mail form in before 1/18/19)

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 8-9 YEAR OLDS

AIM / OBJECTIVES

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

TRAINING CONCEPTS FOR DEVELOPING 10-11 YEAR OLDS

AIM/OBJECTIVES

- Technical skills development
- Gaining Control of the Ball
- Positional Play and Tactics
- Develop the Enjoyment of Playing Soccer
- Develop an Awareness of Teammates

Where: DeKalb Rec Center
Corner of 4th and Fairview
DeKalb, IL 60115

When: 6:15–7:15pm 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 _____