North Park University Youth Soccer Camp

Kickers Camp
Ages: 4 - 6. 9:00am-10:00am
The Kickers camp is an action packed, fun filled program. It provides young children with the opportunity to develop fundamental skills through fun and aerobic activities.

Youth Camp
Ages: 7 - 13. 9:00am-12:00pm
The Youth Camp provides inspiring soccer players with the opportunity to develop their skills in a fun and energetic environment. Individuals will learn dribbling, passing, finishing and defending skills from qualified college coaches and elite college players.

All campers will receive a free t-shirt

A minimum number of participants are needed for the camp to run.

North Park University Athletics
Women’s Soccer Program
cjwright@northpark.edu
Men’s Soccer Program
kgrahn@northpark.edu
www.athletics.northpark.edu
Meet the Coaches

Paul Thomas – Head Coach
- USSF ‘A’ license
- NSCAA Premier License
- 9 years college coaching experience
- 15 years coaching experience

Chris Wright – Assistant Coach
- UEFA ‘B’ License
- NSCAA Advanced National License
- 3 years college coaching experience
- 10 years coaching experience

John Born - Head Men’s Coach
- 2004-2006 & 2010 CCIW Champions
- Four NCAA Division III Tournaments
- 62 All-CCIW Players since 1999

Kristoffer Grahn - Assistant Men’s Coach
- Four-time First Team All-CCIW Selection
- 2010 D3soccer.com All-American
- 2010 CCIW Player of the Year

Karsten Hahn - Assistant Men’s Coach
- Played at DePaul University & University Wisconsin-Whitewater
- 6 years coaching experience
- USSF ‘D’ License

Youth Camp Daily Schedule
Check-in: 9:00am – 9:15am
Skill of the Day: 9:15am – 9:30am
Training Session: 9:30am – 10:15am
Water / Snack Break: 10:15am – 10:30pm
Training Session: 10:30am – 11:15pm
Tournament: 11:15am – 12:00pm
Pick up: 12:00pm

Facility: Holmgren multiple purpose sports complex.

Equipment Needed
- Soccer Ball
- Shin pads
- Cleats / soccer sneakers
- Water & snacks
- Sun lotion

All campers must complete the North Park University waiver.
www.athletics.northpark.edu
- Soccer

Medical Information
Medical Insurance Company and Policy #: ...........................................
Home Phone #: ..............................................................
Emergency #: ..............................................................
Contact Name: ...............................................................
Relationship: .................................................................
Family Doctor: ..............................................................
Phone #: ........................................................................
Known Allergies: .............................................................
Asthma: ........................................................................
Diabetes: ........................................................................
List of medications currently taking: .............................................