



GOALKEEPER TRAINING ERIC KRONBERG OF MLS KANSAS CITY WIZARDS

- **Former Montgomery and Santa Rosa United goalkeeper**
- **Cal single season & career all time goals against average record**
- **Goalkeeper-Kansas City Wizards of Major League Soccer**
- **Extensive experience training youth goalkeepers**

Date	Time	Session	Location
Sat Dec 8	9:00-11 am	Free SRU Goalkeeper Training U 10 through U 13	Trione Fields
Sat Dec 8	3:00-5 pm	Free SRU Goalkeeper Training U 14 through U 18	Trione Fields
Sun Dec 9	8:00 am	U 10-13 Boys Goalkeeper Clinic	Trione Fields
Sun Dec 9	10:00 am	U10-13 Girls Goalkeeper Clinic	Trione Fields
Sun Dec 9	12:30 pm	U 14-18 Boys Goalkeeper Clinic	Trione Fields
Sun Dec 9	3:00 pm	U 14-18 Girls Goalkeeper Clinic	Trione Fields
Mon & Wed Dec 10 & 13	3:30 pm	U10-13 Goalkeeper Clinic Boys and Girls	Sonoma Academy
Tues & Thr Dec 11 & 14	3:30 pm	U14-18 Goalkeeper Clinic Boys and Girls	Sonoma Academy

Group sessions \$45 per person per 1 1/2 hour session. Minimum 2 person/max 4 persons per session except free training. Field locations and sessions subject to change depending upon weather. Individual sessions may be scheduled @ \$70/session starting Wednesday, December 5th. Please complete the medical/liability release below and bring to training. Each player must bring own ball with name on it to sessions.

**To schedule training please contact Dave Kronberg by phone or email:
(707) 538-0244 or Davidk1138@aol.com.**

I, the undersigned parent or guardian, of _____ who plays for _____ (club/league) do hereby authorize Eric Kronberg or David Kronberg to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care which her/she may deem necessary. I, the undersigned, for myself, my heirs, and executors, waive, release and forever discharge Eric Kronberg, David Kronberg, Santa Rosa United, SSC, the County of Sonoma and Sonoma Academy and all affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage and/or other loss suffered by my child in connection with his/her participation in soccer training.

I the undersigned parent or guardian also certify that my child is physically fit to participate in all soccer training activities.

Name: _____ Signature: _____

Date: _____ Emergency Contact #: _____