



Applicant(s) Full Name _____

Age: _____ Sex (circle one): Male Female

Street Address _____

Address (Optional) _____

City _____ State _____ Zip Code _____

Parent(s)/Guardians Name _____

Home Phone _____ Work Phone _____ Mobile Phone _____

E-mail address _____

Program Name _____ Program Time _____ Location _____

Session _____ Date _____

Program Fee (must be paid in full): \$ _____

Make checks payable to: Emile Mbouh

All payments are nonrefundable after the starting date. A \$45 application fee will be charged in case of cancellation before the starting date.

Liability Waiver: As a participant in the Emile Star Soccer program, my son/daughter is in good health and has my permission to participate in the program. Emile Star Soccer and its directors, employees and the facilities assume no responsibility and will not be held liable for any injuries and illness, accident will at the class resulting in medical, dental or other expenses. I understand that Emile Star Soccer, run by Emile Mbouh, will be not held responsible for my son's/daughter's lack of success in the program. I also give Emile Star Soccer permission to use my child's name and or picture in promotion of the program in printed media and another forms of advertisement. I fully renounce all claims upon Emile Star Soccer for reimbursement for the use of this material

Parent/Guardian Signature _____ **Date** _____

Please complete and return this form along with your payment to

**Emile Star Soccer
451 Hungerford Drive
Suite 119-318
Rockville, MD 20850**