



**Magnus Mukoro**  
Sports Foundation

## **ANIMAL FLOW REGISTRATION FORM**

**Date:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

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

**Contact Phone Number:** \_\_\_\_\_

**Emergency Contact Name & Number:** \_\_\_\_\_

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

**List of Medical Conditions:**

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**I have read and understand the Wavier & Release of Liability and General Release, and I wish to enroll in ANIMAL FLOW.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_