



Magnus Mukoro
Sports Foundation

CORE JUMP REGISTRATION FORM

Date: _____

First Name: _____ **Last Name:** _____

Address: _____

Contact Phone Number: _____

Emergency Contact Name & Number: _____

Email: _____

List of Medical Conditions:

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

Signature _____ **Date:** _____