

RUN BACK TO SCHOOL

2025 REGISTRATION FORM

Please complete registration form, make all checks payable to "Milwaukee Recreation" and return to Thomas Scholle-Mallone at
 RBTS@mkerec.net or mail to:
 Milwaukee Recreation
 Attn: Run Back To School
 5225 W. Vliet Street
 Milwaukee, WI 53208



— IN PARTNERSHIP WITH: —



MAIN CONTACT

LAST NAME FIRST NAME MIDDLE INITIAL DATE OF BIRTH Month/Day/Year

ADDRESS APT. # CITY ZIP CODE

(NO PO BOX #s, PLEASE)

PHONE () E-MAIL Check Box if address is new ☐

NEW: DEMOGRAPHIC INFORMATION

Which race or ethnicity best describes you?

Hispanic/Latino (1) Native Hawaiian or other Pacific Islander (5)
 American Indian or Alaska Native (2) White (6)
 Asian (3) Two or more races (7)
 Black or African American (4) Prefer not to answer (8)

Which of the following most accurately describes you?

Male (M) Non-binary (N)
 Female (F) Prefer not to answer
 Transgender (T) (P)

For each participant please record the corresponding letter and number in the "DEMO" column in the table below.

FIRST, LAST NAME	DEMO	DOB Month/Day/ Year	SCHOOL/ DEPARTMENT	RUN OR WALK Please check one.	SHIRT SIZE Please check one & enter size. Adult: S, M, L, XL, 2XL, 3XL, 4XL Youth: S, M, L	RBTS FEE Adults: \$15 through July 31 \$20 after July 31 Youth (18 & under): \$5 any time	WAIVER I have read & understand the waiver stated below. Participant signature or signature of guardian if participant is under 18.
MAIN CONTACT:				Run Walk	Adult Youth Size:	\$	X
				Run Walk	Adult Youth Size:	\$	X
				Run Walk	Adult Youth Size:	\$	X
				Run Walk	Adult Youth Size:	\$	X

Please see back to register additional participants.

PERMISSION: I hereby grant permission for my child/myself to participate in the above-named MPS Recreation event. In the event of any injury requiring medical attention, I hereby grant permission to the recreation staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during Recreation activities that are not reasonably within the control of the recreation staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

PHOTO PERMISSION/RELEASE: I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media and/or nonprofit

organizations partnering with Milwaukee Public Schools request the opportunity to videotape, take photographs and/or interview children within Milwaukee Recreation and Milwaukee Public Schools. By signing this, I understand that and give permission for MPS to allow this with respect to my child. I also understand that by signing this release I give permission to the Milwaukee Public Schools to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the Milwaukee Public Schools. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current Milwaukee Recreation program season.

TOTAL PAYMENT DUE \$
 Cash will not be accepted through mail.

MONEY ORDER

CHECK (#)
 CHECKS PAYABLE TO MPS Department
 of Recreation and Community Services

CREDIT CARD # EXP. DATE /

CARDHOLDER NAME SECURITY CODE:

PHONE NUMBER () SIGNATURE:

RECEIPT # (OFFICE USE ONLY)

Learn more at mkerec.net/rbts

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Milwaukee, WI 53208



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MILWAUKEE
PUBLIC SCHOOLS

PARTICIPANT REGISTRATION CONTINUED

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				<input type="checkbox"/> Run <input type="checkbox"/> Walk	<input type="checkbox"/> Adult <input type="checkbox"/> Youth Size:	\$	X
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				<input type="checkbox"/> Run <input type="checkbox"/> Walk	<input type="checkbox"/> Adult <input type="checkbox"/> Youth Size:	\$	X
				<input type="checkbox"/> Run <input type="checkbox"/> Walk	<input type="checkbox"/> Adult <input type="checkbox"/> Youth Size:	\$	X
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				<input type="checkbox"/> Run <input type="checkbox"/> Walk	<input type="checkbox"/> Adult <input type="checkbox"/> Youth Size:	\$	X
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				<input type="checkbox"/> Run <input type="checkbox"/> Walk	<input type="checkbox"/> Adult <input type="checkbox"/> Youth Size:	\$	X
				<input type="checkbox"/> Run <input type="checkbox"/> Walk	<input type="checkbox"/> Adult <input type="checkbox"/> Youth Size:	\$	X
				<input type="checkbox"/> Run <input type="checkbox"/> Walk	<input type="checkbox"/> Adult <input type="checkbox"/> Youth Size:	\$	X



SCHOOL BASED TEAM REGISTRATION 25+ CHOOSE A TEAM SHIRT COLOR

When your School team registers 25 or more participants by July 31st, you receive your own team shirt!**

**Team Participants who register after July 31st, may not receive a team colored shirt.

Shirt Color:

RECEIPT # (OFFICE USE ONLY)

Learn more at mkerec.net/rbts