Race 4 Chase
Triathlon Program Application

Race 4 Chase is named for Chase Kowalski, an amazing little boy from Newtown, who loved to run. Race 4 Chase strives to empower kids to reach their full potential.

Registration is for children ages 6-12 years old wishing to participate in the Race 4 Chase Triathlon Program. This program provides youth with a fun, skill building, life-changing experience by introducing them to the sport of triathlon.

This free program runs for about 6 weeks beginning Monday, June 24, 2019 and ending Saturday, August 3, 2019. Program times are 9:00 a.m. – 12:00 p.m. daily, Monday – Friday. Race day is the culmination of the program for the YMCA Race 4 Chase programs at YMCA Camp Sloper in Southington (1000 East Street, Southington CT) on Saturday, August 3, 2019. All participants will compete in a Youth Triathlon on this day.

This application needs to be completed by both parent/guardian and child wishing to participate in the program. Please answer all questions; if you have additional children, each child must have a separate application.

Due to limited enrollment, applications will be evaluated based on several factors. Selection priority will be given to first time registrations, a demonstration of need, and those indicating a sincere desire to participate for the complete duration of the program.

You will be notified if your child has been selected into the program. If selected, completion of a registration packet is required.

Deadline applications are due back no later than April 5, 2019
No extensions will be considered.

Race 4 Chase funding made possible by the
Chase Michael Anthony Kowalski Foundation
Parent section:

Childs Name ________________________  Birth Date __/__/__  Sex (M/F) _____

Address __________________________  City __________________  Zip ______

Parents Name ______________________  Cell phone # ________________

Email ______________________________  Home phone # ______________

Honestly respond to the following questions so your child’s needs can be fairly evaluated. Please describe your child’s activity level and frequency:
__________________________________________________________________________________
__________________________________________________________________________________

What is your child’s swimming ability (please check)

_________ Beginner  ________ Intermediate  ________ Advanced

What is your child’s biking ability (please check)

_________ Beginner  ________ Intermediate  ________ Advanced

How would you describe your child’s overall health?
__________________________________________________________________________________

What are your child’s favorite activities?
__________________________________________________________________________________

How will your child benefit from participating in this program?
__________________________________________________________________________________
__________________________________________________________________________________

Child’s section to answer. Parents can help write and spell if needed.

Why do you want to participate in the Race 4 Chase program?
__________________________________________________________________________________
__________________________________________________________________________________

What do you like to do for fun?
__________________________________________________________________________________