



Regional YMCA of Western CT

Race4Chase, Triathlon Program Application

Race4Chase is named for Chase Kowalski, an amazing little boy from Newtown, who loved to run. Race4Chase strives to empower kids to reach their full potential.

Registration is for children ages 6-12 years old wishing to participate in the Race4Chase Triathlon Program. This program provides youth with a fun, skill building, life-changing experience by introducing them to the sport of triathlon.

This program runs for 6 weeks beginning Monday, June 24, 2024 and ending Saturday, August 3, 2024. Program times are 9:30 a.m. – 12:30 p.m. daily, Monday – Friday. Race day is the culmination of the program for the YMCA Race4Chase programs at YMCA Camp Sloper in Southington (1000 East Street, Southington CT) on Saturday, August 3, 2024. All participants will compete in a Youth Triathlon on this day. Participation in the finale is **REQUIRED** of all participants.

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.

***NEW FOR 2024** - While this program is made possible by the CMAK foundation, the Regional YMCA site will be asking for a suggested donation of 2nd year and beyond participants of \$25 per week or \$150 to offset operating costs that sustain this program. Upon entry to the program families will be asked to submit this donation.

Deadline applications are due back no later than April 29, 2024

No extensions will be considered.

***Race4Chase funding made possible by the
Chase Michael Anthony Kowalski Foundation***

Parent section:

Childs Name _____ Birth Date ___/___/___
Sex (M/F/ Non-Binary) _____
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.

Is your child available to participate in camp all 6 weeks from June – August: ___ Yes ___ No

Is your child available to participate in the August 3rd finale? ___ Yes ___ No

Does your child have a well-fitting bike, or will they need one? ___ Yes ___ No

**The foundation can supply a limited number of bikes to families that need them.*

Please describe your child’s activity level and frequency:

Athlete’s T-shirt Size: (Circle One) **Youth-** S / M / L **Adult-** S/ M / L / XL **Other:**

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 heath?

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 Race4Chase program?

What do you like to do for fun?
