



## Race 4 Chase 2020 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 5-13 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 6 weeks beginning Monday, June 22, 2020 and ending Saturday, August 1, 2020. Program times are 8:00 a.m. – 1:30 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 1, 2020. **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. See Page 2 (back) for 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 8<sup>th</sup>, 2020 to:**

Lisa Roger, NHA CNI Choice Neighborhoods at  
149 Water Street, 2<sup>nd</sup> Floor, Norwalk CT 06854  
Or email [lroger@norwalkha.org](mailto:lroger@norwalkha.org)

**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:

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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?

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What are your child's favorite activities?

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How will your child benefit from participating in this program?

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**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?

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What do you like to do for fun?

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