



## 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 free program runs for 6 weeks beginning Monday, July 1st, 2024 and ending Saturday, August 11, 2024. Program times are 9:00 a.m. – 12:30 p.m. daily, Monday – Friday. Race day is the culmination of the program for the YMCA Race4Chase programs at Fort Adams in Newport, Rhode Island on Saturday, August 11, 2024. 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 May 3, 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. Please describe your child’s activity level and frequency:

\_\_\_\_\_  
\_\_\_\_\_

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?

\_\_\_\_\_