

# **RACE 4 CHASE YOUTH TRIATHLON PROGRAM APPLICATION**

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

Registration is for children ages 6-12 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 27, 2016 and ending Saturday, August 6, 2016. Program times are Monday-Friday at 9:00am-12:00pm. Race day is the culmination of the program for the all Race 4 Chase programs throughout the state at YMCA Camp Sloper in Southington (1000 East Street, Southington, CT) on Saturday, August 6, 2016. All participants will compete in a Youth Triathlon on this day.

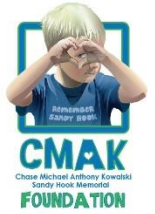
This application must be completed by both parent/guardian and child wishing to participate in the program. Please answer all questions, and if you have additional children, each child must have a separate application.

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 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.

Completed applications are due back no later than April 29, 2016. No extensions can be considered.

Race 4 Chase funding made possible by the Chase Michael Anthony Kowalski Foundation.



# RACE 4 CHASE YOUTH TRIATHLON PROGRAM APPLICATION

June 27, 2016 – August 6, 2016

Monday–Friday 9:00–12:00 PM

**Race Day: Saturday, August, 6, 2016**

Race 4 Chase provides youth ages 6–12 with a fun, life-changing experience by introducing them to the sport of triathlon.

**Guardian Name:** \_\_\_\_\_ **Birth Date:** \_\_\_/\_\_\_/\_\_\_ **Gender:** M F

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Emergency Contact’s Relationship to Participant:** \_\_\_\_\_

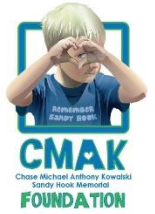
**Participant Name:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_ **Birth Date:** \_\_\_/\_\_\_/\_\_\_

**Gender:** M F

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Participant specifically assumes responsibility for all risk of injury arising out of his/her presence on the premises of the Westport Weston Family YMCA, my child’s use of its equipment or facilities and my child’s participation in activities, whether on its premises or at another location, and for my child and my heirs and assigns hereby waive, release and agree to hold free from all claims for damages the Westport Weston Family YMCA and its officers, directors, members, employees, or agents. I understand the risks and dangers involved in participating in the program and activities of the YMCA, and my child is physically capable of participating in such programs and agree not to participate in any activities that may injure them self or others. My signature also indicates my permission to use any pictures or any other media for promotional purposes. I give my child permission to participate in all Race 4 Chase designated field trips.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_



**PARENT SECTION**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Sex: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Home phone: \_\_\_\_\_

Please respond honestly and accurately to the following questions so your child's need 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 you child's favorite activities?

\_\_\_\_\_

How will your child benefit from participating in this program?

\_\_\_\_\_

**CHILD'S SECTION** (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?

\_\_\_\_\_

\_\_\_\_\_