



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 5-12 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 6 weeks beginning Monday, June 24, 2024, and ending Saturday, August 3, 2023. Program times are 8:00 a.m. – 1:00 p.m. daily, Monday – Thursday held at West Rocks Middle School, 81 West Rocks Road, Norwalk. 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, 2024. All participants *must* 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. <u>See Page 2 (back) for application.</u>

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 *as soon as possible* and no later than <u>May 24, 2024</u> Mail or bring to the NHA drop box at 24 ½ Monroe Street:

> Lisa Roger, Norwalk Housing Authority at 24 ½ Monroe Street, Norwalk CT 06854 Or email Iroger@norwalkha.org No extensions will be considered.

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

Parent section:

Child's Name:	Birth Date:	//	Sex (M/F):
Address:	City:		_ Zip:
Parents Name:	ents 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 (pl	•		
First Time: Beginner:	Intermediate:	Adv	anced:
What is your child's biking ability (please	•		
First Time: Beginner:	Intermediate:	Adv	anced:
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 Race 4 Chase program?			
What do you like to do for fun?			