



2025 RACE4CHASE YOUTH TRIATHLON APPLICATION SOUNDVIEW FAMILY YMCA



Parent's section (please print clearly) Date _____

Child's Name First _____ Last _____ Birth Date ___/___/___ Gender _____

Address _____ City _____ Zip _____

Parent #1 First _____ Last _____ Cell Phone # _____

Email _____

Parent #2 First _____ Last _____ Cell Phone # _____

Email _____

Child's T-Shirt Size _____

Can Your Child Commit To The Full Six Weeks Of Camp And the Grand Finale At Camp Sloper In Southington?

Yes _____ No _____ Other _____

What Is Your Child's Activity level?

Child's Swimming Ability (✓) _____ Beginner _____ Intermediate _____ Advanced

Child's Biking Ability (✓) _____ Beginner _____ Intermediate _____ Advanced

How Is Your Child's Overall Health? _____

What Are Your Child's Favorite Activities? _____

How Will Your Child Benefit From Participating In Race4Chase?

CHILD'S SECTION (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? _____

RETURN HARD COPY APPLICATIONS BY APRIL 30, 2025 TO:
Soundview Family YMCA 628 E. Main Street Branford CT
Attn: Colleen Villano, Director of Healthy Living