



2026 Race4Chase Triathlon Program Application

Race4Chase is named in honor of Chase Kowalski, an inspiring young boy from Newtown who had a passion for running. The program celebrates his spirit by empowering children to discover their strength, build confidence, and reach their full potential.

Registration is open to children ages 6–12 interested in the Race4Chase Youth Triathlon Program. This free, six-week experience introduces youth to the sport of triathlon in a fun, supportive environment while helping them develop fitness skills, goal-setting habits, and lifelong healthy routines.

The 2026 session begins Monday, June 23rd, and concludes Saturday, August 1st. Program hours are Monday–Friday from 9:00AM to 12:00PM. The program culminates in an exciting Youth Triathlon race day held at YMCA Camp Sloper (1000 East Street, Southington, CT) on Saturday, August 1, 2026. On this special day, all participants will proudly compete and celebrate their accomplishments together.

A completed application is required for each child wishing to participate and must be filled out by both the parent/guardian and the child. If applying for multiple children, a separate application must be submitted for each child.

Due to limited enrollment, priority consideration will be given to first-time participants, families demonstrating financial need, and applicants who express a sincere commitment to fully participating in the entire six-week program

Families will be notified by MAY 11th regarding their child's acceptance into the program. If selected, a completed registration packet will be required to confirm enrollment.

Deadline: applications are due back no later than April 30th, 2026. Drop off applications to: Soundview Family YMCA, 628 East Main Street, Branford. **Emailed applications will not be accepted.**

For questions, contact Colleen Villano, Director of Healthy Living at 203 481 9622 or cvillano@cccymca.org.

**SOUNDVIEW FAMILY YMCA
CENTRAL CONNECTICUT COAST YMCA
628 EAST MAIN STREET, BRANFORD CT 06405**

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:

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 your 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 Race4Chase program?

What do you like to do for fun?
