



## 2026 Race4Chase Triathlon Program Application

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

This free, six-week experience introduces youth ages 6-12 to triathlon in a fun, supportive environment while helping them develop fitness skills, goal-setting habits, and lifelong healthy routines.

The session begins **Wednesday, June 24**, and concludes Saturday, August 1<sup>st</sup>. Program hours are Monday through 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<sup>st</sup>.

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

Due to limited enrollment, applications will be thoughtfully reviewed. 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 on May 11<sup>th</sup>** regarding their child/ren's acceptance into the program. If you're selected, we'll need a completed registration packet to confirm enrollment.

Return completed applications **before APRIL 30<sup>th</sup>** to:

**Suzanne Richards, Executive Director**

**Stratford YMCA, 3045 Main Street, Stratford, CT 06614**

Emailed applications will not be accepted.

**Parent section:**

**Childs Name** \_\_\_\_\_

**Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex (M/F/ Non-Binary)** \_\_\_\_\_

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

**Parents Name** \_\_\_\_\_ **Cell phone #** \_\_\_\_\_

**Email** \_\_\_\_\_ **Home phone #** \_\_\_\_\_

**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?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Race4Chase Triathlon Program Registration 2026 STRATFORD YMCA

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (M/F/ Non-Binary) \_\_\_\_\_

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

T-shirt Size: (Check One) **Youth-** S M L **Adult-** S M L XL  
**Other:** \_\_\_\_\_

Parent/Guardian Name #1 \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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

Relationship to Participant \_\_\_\_\_

Parent/Guardian Name #2 \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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

Relationship to Participant \_\_\_\_\_

Additional Emergency Contact Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

*Participant specifically assumes responsibility for all risk of injury arising out of his/her presence on the premises of the Young Men's Christian Association (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 Young Men's Christian Association and its officers, directors, members, employees or agents. I understand the risks and dangers involved in participating in the programs and activities of the YMCA, and my child is physically capable of participating in such programs and agree not to participate in any activity that may injure them self or others. My signature also grants permission to the CMAK Foundation, USA Triathlon and the YMCA to use any pictures or any other media for promotional and fundraising purposes. I give my child permission to participate in all Race4Chase designated field trips.*

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