



# 2024 RACE4CHASE YOUTH TRIATHLON APPLICATION STRATFORD 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 \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

PARENT #2 FIRST \_\_\_\_\_ LAST \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

WHAT IS YOUR CHILD'S ACTIVITY LEVEL AND FREQUENCY?

\_\_\_\_\_

WHAT IS YOUR CHILD'S SWIMMING ABILITY (✓)

\_\_\_\_\_ BEGINNER      \_\_\_\_\_ INTERMEDIATE      \_\_\_\_\_ ADVANCED

WHAT IS YOUR 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?

\_\_\_\_\_

**STRATFORD YMCA**

3045 Main St Stratford, CT 06614

P 203 375 5844 F 203 380 0291 W stratfordymca.org