



# 2023 RACE4CHASE TRIATHLON APPLICATION



**Race4Chase** is named for Chase Kowalski, an amazing little boy from Newtown CT, who loved to swim, bike and run. Race 4 Chase provides youth with a fun, skill building, life-changing experience by introducing them to the sport of triathlon.

## PROGRAM DETAILS

<b>AGES</b>	6 – 12 years
<b>DATES</b>	June 26 – August 5, 2023
<b>DAYS</b>	Monday – Friday
<b>TIME</b>	Drop-off 12:45 PM / Pick-up 4:00 PM
<b>LOCATION</b>	Camp and Outdoor Center, 204 Stanley Road, Monroe CT
<b>RACE DAY</b>	Saturday, August 5
<b>COST</b>	YMCA Camp Sloper, 1000 East Street, Southington CT FREE

Due to limited space, 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.

Complete one application per child. If selected, completion of a registration packet is required.

Print and return completed application/s by April 28, 2023 to:  
**Lakewood-Trumbull YMCA**  
**20 Trefoil Drive, Trumbull CT**  
**Attention: Rose Bogardus, Youth and Family Coordinator**

Participants will try to meet a fundraising goal of \$250 before 7/24/2023. Every dollar donated to the Lakewood-Trumbull YMCA stays in our communities and directly serves youth and families in need. We will help participants with ideas to meet their fundraising goal.

### LAKWOOD-TRUMBULL YMCA

20 Trefoil Drive, Trumbull CT 06611

P 203 445 9633 F 203 445 9080 W [lakewoodtrumbullymca.org](http://lakewoodtrumbullymca.org)

## Parent's section (please print clearly)

Childs Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Sex (M/F) \_\_\_\_\_

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

Parent #1 \_\_\_\_\_ Cell phone # \_\_\_\_\_

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

Parent #2 \_\_\_\_\_ Cell phone # \_\_\_\_\_

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

What is your child's activity level and frequency?

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What is your child's swimming ability (check one)

\_\_\_\_\_ Beginner      \_\_\_\_\_ Intermediate      \_\_\_\_\_ Advanced

What is your child's biking ability (check one)

\_\_\_\_\_ Beginner      \_\_\_\_\_ Intermediate      \_\_\_\_\_ Advanced

How would you describe your child's overall heath?

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What are your child's favorite activities?

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How will your child benefit from participating in this program?

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## Child's Section (Parents can help write and spell if needed.)

Why do you want to participate in the Race4Chase program?

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What do you like to do for fun?

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