Race 4 Chase

Triathlon Program Application

Race 4 Chase is named for Chase Kowalski, an amazing little boy from Newtown, Connecticut who loved to run. Race 4 Chase strives to empower kids to reach their full potential. This program for children ages 6-12 provides youth with a fun, skill building, life-changing experience by introducing them to the sport of triathlon.

This free program runs for 6 weeks beginning Monday, July 2, 2018 and ending Friday, August 10, 2018. Program times are 9:00 am – 12:30 pm, Monday through Friday at the Bayside Family YMCA. Race day is the culmination of the program for the YMCA Race 4 Chase programs and will take place at Fort Adams State Park in Newport on Sunday, August 12, 2018. All participants will compete in a Youth Triathlon on this day.

This application needs to be completed by both parent/guardian and child wishing to participate in the program. Please answer all questions; if you have additional children, each child must have a separate application.

Due to limited enrollment, applications will be evaluated based on several factors. Selection priority will be given to demonstration of need and those indicating a sincere desire to participate for the complete duration of the program.

You will be notified if your child has been selected into the program. If selected, completion of a registration packet is required.

Applications Due to the Bayside Family YMCA by May 11, 2018
For more information, please contact Heather Ivil at 245-2444

Race 4 Chase funding made possible by the Chase Michael Anthony Kowalski Foundation

Bayside Family YMCA • 70 West Street • Barrington, RI 02806
401-245-2444 • 401-245-6588 (fax)
www.ymcagreaterprovidence.org

Our mission is to build healthy spirit, mind and body for all through programs, services and relationships that are based upon our core values of caring, honesty, respect, and responsibility.
Parent/Guardian Please Complete

Childs Name _________________________ Birth Date ___/___/___ Sex (M/F) _____

Address _____________________________ City _________________ Zip ________

Parent/Guardian Name _____________________________ Cell phone #_______________

Email ____________________________________ Home phone #__________

Honesty 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 heath?
____________________________________________________________________________

What are your child’s favorite activities?
____________________________________________________________________________

How will your child benefit from participating in this program?
____________________________________________________________________________

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Child Please Complete

Grown ups can help write and spell if needed.

Why do you want to participate in the Race 4 Chase program?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
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What do you like to do for fun?

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____________________________________________________________________