



## **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](http://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 # \_\_\_\_\_

Honestly respond to the following questions so your child's needs can be fairly evaluated.  
Please describe your child's activity level and frequency:

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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?

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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 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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