



**Newtown**  
COMMUNITY CENTER

## Race 4 Chase 2024 Triathlon Program Application

**Race 4 Chase** is named for Chase Kowalski, an amazing little boy from Newtown, who loved to run. Race 4 Chase strives to empower kids to reach their full potential. Funding made possible by the Chase Michael Anthony Kowalski Foundation.

Registration is for children ages 6-12 years old wishing to participate in the Race 4 Chase Triathlon Program. This program provides youth with a fun, skill building, life-changing experience by introducing them to the sport of triathlon.

This free program runs (M-F) for 6 weeks beginning Monday, June 24th, 2024 and ending Sunday, August 4th, 2024. This program runs from 9:00 a.m. – 12:30 p.m. daily, Monday – Friday. (Before Care is available at a cost of \$25.00 a week beginning at 7:30 am)/ Extended Day Camp options are available as well. Race day is the culmination of the program for the Race 4 Chase programs at YMCA Camp Sloper in Southington (1000 East Street, Southington CT) on Sunday, August 4th, 2024. 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 returning participants. When choosing to apply please consider this six week commitment. You will be notified if your child has been selected into the program. If selected, completion of a registration packet is required.

**Registration opens February 15th. This is on a First come, first served basis. All selected participants will be notified by March 15th.**

## 2024 Race 4 Chase Application

Childs Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Sex (M/F) \_\_\_\_\_

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

Parents 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:

What is your child's swimming ability *(please check)*

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

What is your child's biking ability *(please check)*

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

Please check if necessary:

Before Care is needed (begins at 7:30 am- \$25.00/week)

Extended Day is needed (noon until 6:00 pm- \$75/week)

How would you describe your child's overall health? Any allergies?

Has your child participated in Race 4 Chase before? If so, how many years?

How will your child benefit from participating in this program?

**Aged out of the program? Become a mentor in training!**

Contact Community Center Director, Matt Ariniello for more information!

[Matthew.Ariniello@newtown-ct.gov](mailto:Matthew.Ariniello@newtown-ct.gov)

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