

## **Gearing Up Application**

## **CONTACT & PRELIMINARY INFO**

(TO BE COMPLETED BY THE PARENT)

Child's Name:				
First	st Middle		Last	
Date of Birth:				
Parent/Legal Guardian:		Middle		
Home Address:	First	Middle	Last	
Street Add	ress		Apt/Suite	
City	Zip	Code	County	
Email:	Phone:			
Emergency Contact				
Relationship to Child:				
Emergency Contact Phone	Number: _			
Child's Height (In Inches) _		Inseam (in	CM)(PARENT MUST PROVIDE)	
Combined Annual Househo	old Income f	for 2024: \$		
What youth triathlons is th	e child parti	cipating in, or planr	ning to, in 2025?	

Are you requesting race fee assistance for any of them?				
If so, which ones?				
Does your child currently have a triathlon club and/or coach?				
If so, please provide us with contact information for them:				
If we loaned your child a road bike, who would ride with them, and where would they go?				
How would you get the bike from place to place? Do you have a bike rack? If not, do you have a trailer hitch?				
Does your child currently belong to a swim or run club?				
If so, please tell us a little bit about how often they practice, and how involved they are.				
Please list every youth triathlon your child completed in 2023, 2024, or 2025::				

PERSONAL SURVEY
(TO BE COMPLETED BY THE CHILD)

low long have you been riding a bike? Do you ride a lot? If so, where do you like	to g
hat is your favorite and least favorite part of biking? Why?	
Vhat is your favorite part of triathlon? Why?	
/hat is the farthest you've ever (1) Swam (2) Biked, AND (3) Run?	
	—

What things make for a good athlete? Why?		
Please tell us about any other clubs, sports, or hobbies you have not related to triathlon, and why you like them.		
Who is your role model, and why?		
<del></del>		
Please tell us anything else about yourself you think we should consider.		
<del></del>		
<del></del>		
<del></del>		

## OTHER REFERENCES

(TEACHERS, COACHES, CLERGY, COMMUNITY LEADERS, ETC. NO FAMILY MEMBERS)

FULL NAME:	RELATIONSHIP:		
First Last	t		
COMPANY:	TITLE:		
E-MAIL:	PHONE:		
FULL NAME: First Last	RELATIONSHIP:		
COMPANY:	TITLE:		
E-MAIL:	PHONE:		
	OU CONSENT TO FLORIDA YOUTH TRIATHLON NTATIVES CONTACTING ANY OF THE PERSONS		
	DISCLAIMER		
obligation to provide either with anything in merely for screening purposes and does n Child. I, the Parent or legal Guardian of Child, ce honest to the best of my knowledge. I furth	orida Youth Triathlon Foundation, Inc. is under no in exchange for this application. that this application is not create legally enforceable rights for either Parent of ertify that both my and their answers are true and iner understand that any false or misleading disqualify my family from consideration from this uth Triathlon Foundation, Inc.		
SIGNATURE	DATE		
PARENT NAME			
SIGNATURE	DATE		
CHILD'S NAME			