



Youth Basketball Summer League

Ages 5 – 15 years



July 20th – October 6th

Once all teams are formed a game schedule will be available with the first games beginning in July and the last games in October.

Divisions are based on skill level & age.

Scholarships are available.

Registration opens June 12 , 2024

For More Information Contact:

Paul Drew, Youth Sports Coordinator

(310) 393-2721, ext. 137, ysports@ymcasm.org, www.ymcasm.org



The Los Angeles Lakers Youth Foundation are proud partners with the Santa Monica Family YMCA Youth Basketball League.

2024 Summer Youth Basketball League

Participant Information

Child's Name: _____ Member#: _____

Birthday: ____/____/____ Age: ____ Grade: ____ Sex: ____ School: _____

Uniform Information: Height: _____ Weight: _____ Shirt Size: _____ Shorts Size: _____

Address: _____ City: _____ Zip: _____

Guardian Information

Parent/
Guardian Name: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Parent/
Guardian Name: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Emergency Contact

Name: _____ Relation to participant: _____

Phone #: _____ Phone #: _____

★ We will try to accommodate players wishing to be on the same team, but can't guarantee that due to competitive balance issues. Uniforms can now be reused.

	Members	Non-Members
Copper (5-6)	<input type="checkbox"/> \$140	<input type="checkbox"/> \$230
Bronze (7-8)	<input type="checkbox"/> \$140	<input type="checkbox"/> \$230
Silver (9-10)	<input type="checkbox"/> \$140	<input type="checkbox"/> \$230
Gold (11-12)	<input type="checkbox"/> \$140	<input type="checkbox"/> \$230
Platinum (13-15)	<input type="checkbox"/> \$140	<input type="checkbox"/> \$230
Uniform Fee	\$25	

*Friends to be on same team:	
*Please specify days your child CANNOT Practice.	

All payments are due by July 20, 2024. If you fail to make a payment by this date your child will not be placed on a team. All payments are final, if you cancel before July 21, 2024 there is a **\$35** processing fee for a refund.

Payment Method: Cash Check Credit: Visa AMEX Master Discover

Card #: _____ Exp. Date: _____ Total to Charge: \$ _____

Signature: _____ Date: _____

SANTA MONICA FAMILY YMCA,
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