

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BE PART OF A TEAM



2024 Fall Season Youth Basketball League SANTA MONICA FAMILY YMCA

Co-ed teams for ages 5 – 15

Skill Based Divisions

Games will be held on Saturdays or Sundays.

Each team will practice once a week on a weekday.

Practice and games begin on October 8 and end December 17.

Divisions are based on skill level & age. Scholarships are available.

Registration opens September 4, 2024 at 9am

Important Dates (Skills Evaluation ONLY Required for all players new to SM Y)
Skills Evaluations Ages 5-6: Thursday, October 3rd from 4:30-5:30pm
Skills Evaluations Ages 7-8: Thursday, October 3rd from 5:30-6:30pm
Skills Evaluations Ages 9-10: Thursday, October 3rd from 6:30-7:30pm
Skills Evaluations Ages 11 -15: Thursday, October 3rd from 7:30-8:30pm
Make-up Evaluations All Ages: Friday, October 4th from 4:30-6:00pm
MANDATORY NEW Parent's Meeting: Friday, October 4th from 6:30-7:00pm @ the Y

For More Information About the League Contact:

Paul Drew, Youth Basketball Coordinator, ysports@ymcasm.org

For More Information About Volunteering Contact:

Pam Andrews at pam1@ymcasm.org





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

2024 Fall Youth Basketball League

Complete the information below or scan the QR code to register online!





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:					
Email Address:					
Emergency Contact Name:		Relation to			
Phone #:	Phone #				
We will try to accommodate players will balance issues. Uniforms can now be read and the players will be processed for increase. Members Copper (5-6)	Non-Memb \$230 \$230 \$230 \$230 \$230 \$230 \$230 \$25 2024. If you fail to unal. No refunds will refunds.	*Friend san *Please your ch Pr make a payment by I be given for cance	ds to be on ne team: specify days aild CANNOT ractice. this date, your chillations after 10/12	ld will not be	
Card #:	Exp. Date:Total to Charge: \$				
Signature:	Date:				