

FOR SOCIAL RESPONSIBILITY

BE PART OF A TEAM



2025 Winter 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 January 14 and end March 23.

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

Registration opens December 11, 2024 at 9am

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

2025 Winter 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: | Scho | ol: | |
| Uniform Information: H | leight: | Weight: | Shir | t Size: | Shorts Siz | e: |
| Address: | | | City: | | Zip: _ | |
| Guardian Information | on | | | | | |
| Parent/Guardian Name | 2: | | | Phone # | : | |
| Address: | | | _ City: | | Zip: _ | |
| Email Address: | | | | | | |
| Parent/Guardian Name: | | | Phone #: | | | |
| Address: | | | _ City: | | Zip: _ | |
| Email Address: | | | | | | |
| Emergency Contact | | | Relat | ion to | | |
| Name: | | | | cipant: | | |
| Phone #: | | _Phone # | | | | |
| We will try to accommodalance issues. Uniform | • • | _ | • | _ | | - |
| | Members | Non-Memb | ers | | | |
| Copper (5-6) | □ \$140 | □ \$230 | | *F=:===d= t= b= == | | |
| Bronze (7-8) | □ \$140 | □ \$230 | | *Friends to be on same team: | | |
| Silver (9-10) | □ \$140 | □ \$230 | | | | |
| Gold (11-12) | □ \$140 | □ \$230 | | *Please specify da | | |
| Platinum (13-15) Jersey Fee (new players) | 1 5140 | □ \$230 \$25 | | your child CANNOT Practice. | | |
| All payments are due b placed on a team. All p processing fee will be p | ayments are fina | 25. If you fail to r I. No refunds wil | • • | • | • | |
| Payment Method: | □ Cash □ Che | ck Credit: | □ Visa | | Master | □ Discover |
| Card #: | | Exp. | Date: | Total to Charge: \$ | | |
| Signature: | Date: | | | | | |