

**2010 LOU TOMPKINS ALL STAR BASEBALL LEAGUE – AGES 13 and 14**

**REGISTRATION DEADLINE: May 25th**

The Maynard/Stow Baseball Charitable Corp. is now in the process of putting together a Lou Tompkins All Star Baseball team. This league is **highly competitive** and is played by high school rules. Teams are open to 13 and 14-year-old players from Maynard, Stow & Bolton. Maximum number of players for this team will be 14/15. Towns competing in this league are Acton, Arlington, Bedford, Belmont, Burlington, Cambridge, Concord, Framingham, Lexington, Maynard, Medford, Melrose, Natick, Parkway, Reading, South End, Sudbury, Watertown, Westford, Weston, Winchester, Winthrop, and Woburn.

**SEASON:** League play begins the third week of June 2010 and runs through the second week of August. There will be 20 regular scheduled games plus 2 trophy tournament weekends and the final tournament of champions. This is a traveling baseball league with games being played at 5:45 p.m. on Monday, Wednesday, and Saturday. Players **must** make a commitment to this team as there are steep fines that are levied against organizations who forfeit games. Registrations must be received by May 25th. If you would like additional information about the league, go to [www.ltabaseball.com](http://www.ltabaseball.com).

**FEE:** The registration fee is \$250.00 for all players. **Fees are due with completed registration forms.** There is a possibility of tryouts if we should receive a large amount of registrations. Please mail registration form to the address above. The fees cover uniforms, umpire's cost, team equipment, insurance, and league fees.

If you have any questions – contact Mike Chambers at 978-897-6363.

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NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SHIRT SIZE:  SM  MD  LG  XLG

E-MAIL ADDRESS: \_\_\_\_\_ VACATION SCHEDULE: \_\_\_\_\_

Does your child have any physical limitations? If so explain: \_\_\_\_\_

In case of emergency please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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**WAIVER**

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*We, the parents/Guardians (name) \_\_\_\_\_ permit our child (name) \_\_\_\_\_ to participate in all activities of the Lou Tompkins All Star Baseball League. For and in consideration of the The Maynard Baseball Charitable Corp. sponsoring the above activity we agree to and do hereby release forever discharge the Maynard Baseball Charitable Corp. thereof and its agents, servants and/or employees from and against any and all liability, demands and claims for loss and damage from and in manner rising out of injury or damage which may be sustained by this child on account of his/her participating in the Program.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to: **The Maynard Baseball Charitable Corp.** FEE: **\$250.00**

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Payment:  Check Number \_\_\_\_\_  Cash \_\_\_\_\_