

# Miami Dade College Baseball Camp

*featuring*



**Former Major Leaguer and MDC Alumnus**

## "Orlando Palmeiro"

2002 World Champion-Angels  
13 yrs. with the Astros, Cardinals, and Angels



## MDC Coaches & Players & Tommy Duenas

Angels and Rockies

**REGISTRATION LIMITED!!!**

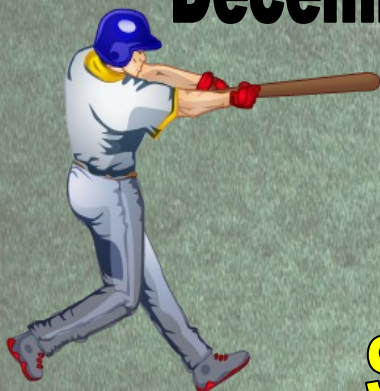
**AGES 9-12 ONLY**

**December 21-24 🧤 December 28-31**

**9am to 3pm**

**Lunch Included!!**

**\$160 Registration Fee**



# Miami Dade College

# Baseball Camp



## Registration Form

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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

### MEDICAL FORM

FAMILY PHYSICIAN: \_\_\_\_\_

HEALTH INSURANCE POLICY \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

PHYSICIAN'S OFFICE PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT'S PHONE: \_\_\_\_\_

ALLERGIES AND/OR CURRENT MEDICATIONS \_\_\_\_\_

I certify that my child is in good health and can participate in daily camp activities. In case of emergency, I grant permission for my child to be given treatment at a local hospital.

PARENT SIGNATURE: \_\_\_\_\_

PLEASE SEND CHECK OR MONEY ORDER & COMPLETED APPLICATION TO:

MIAMI DADE COLLEGE c/o MR. JIM COX  
11011 SW 104th STREET-G316 Miami, FL 33176  
305-237-0730