

Release Form

I hereby waive and release “Diamond Stars” from any and all liability for any injuries or illnesses while at Diamond Stars.

I understand that in participating in this camp the possibility exists that my child may obtain an injury.

Player Name

Parent/Guardian Signature

Date: _____

Please send Pre-Registration to: “Diamond Stars Softball Camp”.

Attn. Bill Key

P.O. Box 450

West Jefferson, NC 28694

If you have questions, please feel free to contact

Coach Bill Key @

846-2906. or 336-

977-0563

Diamond Stars
Softball Camp



Date

June 11-13

9:00–12:00

A C H S :
8 4 6 - 2 4 0 0
B I L L K E Y :
8 4 6 - 2 9 0 6
9 7 7 - 0 5 6 3

CAMP INFO.

Camp Director:

Bill Key: 20 years Head Varsity
Coach of ACHS

30 years coaching in Ashe
County School System

Coach Key will be assisted by
current and former players.

Camp Goal:

To teach the basic fundamen-
tals of softball and improve in-
dividual skills

Cost: \$50.00

Checks made out to

Bill Key



Who is eligible:

Girls that are rising 3rd graders
through rising 9th graders

Location:

Ashe County High School
Softball Field

What to bring:

Participants should bring their own
equipment: Cleats, bat, glove, etc.

Campers may want to bring extra
money for concessions.

Registration Form

Player's Name

Age _____

Grade Fall 2019 _____

Address

Home # _____

Work # _____

T-Shirt Size Adult _____

Medical Info

Allergies _____

Any conditions that camp staff need
to be aware of:
