

2019 Valley Tigers Girls TENNIS CAMP

CAMP FEATURES

The Valley girls tennis camp is for players of all ability levels. Starting with incoming first-grade girls, players will attend sessions based on their age bracket. Once in session, players will be grouped based on their ability levels, within their age group. The goal of our camp is to help improve players skills through a combination of drills as well as match play. The camp will be five weeks long, and will meet on a M-W-F basis starting Monday, June 10, and finishing on Friday, July 12. If you want to play on the Valley Girls High School tennis team, it will be valuable for you to attend this camp and improve your skills.

CAMP HIGHLIGHTS

- Technical abilities (forehand, backhand, serve, volley, approach shot)
- Tactical abilities (shot selection, decision making, court positioning)
- Scoring, communication, attitude, desire, and focus.

CAMP INFORMATION

START DATE: Monday, June 10
END DATE: Friday, July 12
LOCATION: Valley Southwoods Tennis Courts
COST: \$175 per person for the entire five week session; **Second person, third, etc., in same family cost \$150 each.**

CAMP STAFF

Valley Girls Head Coach Mike Conlon
Valley Girls Assistant Coaches
Current and Former Players

GRADE

GIRLS GRADES 1-8 (INCOMING)

Monday-Wednesday-Friday
8:30-9:30 a.m.

RETURNING VARSITY/TRAVEL TEAM MEMBERS FROM VALLEY GIRLS TEAM

Monday-Wednesday-Friday
9:30-11 a.m.

INCOMING NINTH-GRADE GIRLS & ORANGE/BLACK TEAM FROM VALLEY GIRLS TEAM

Monday-Wednesday-Friday
11 a.m. to noon



REGISTRATION

COMPLETE AND RETURN APPLICATION ALONG WITH PAYMENT TO:
Valley High School
Attn: Valley Athletics—Girls Tennis Camp
3650 Woodland Avenue
West Des Moines, IA 50266

PLEASE MAKE CHECKS PAYABLE TO:
Valley Athletics—Girls Tennis Camp

***Players must provide their own tennis racket and water.**

***Groups may be combined if needed.**

Information also available at
www.wdmcs.org/schools/valley/athletics/camps

2019 Valley Tigers Girls Tennis Camp Registration Form

Student's Name _____ Grade (Incoming) _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Parent/Guardian Cell Phone _____ Parent/Guardian E-mail _____

Emergency Contact _____ Emergency Number(s) _____

T-Shirt Size ___Youth ___Adult ___ S ___ M ___ L ___ XL

To clinic director:

I hereby authorize the directors and members of the Valley High School Tennis Camp to act for me, according to their best judgment, in any emergency requiring medical attention and hereby waive and release the camp of all liability for any illness or injury incurred by the above named participant while at the camp.

Parent/Guardian Name(s) _____ Parent/Guardian Signature _____

Questions? Contact Coach Mike Conlon at conlonm@wdmcs.org or 515-360-9196.