

5 Consecutive Marmonte League Championships Indoor and Beach
2013-2017



Westlake High School
Girls Volleyball
Summer Camp

July 16 – July 20, 2018

CAMP COACHING

The Westlake High School Summer Volleyball Camp is led by Varsity Coach Ernest Rittenhouse, along with the Westlake JV and Frosh/Soph coaches. Throughout the days at the camp, special guests from the collegiate and pro beach games will visit and “guest coach.” For younger players, the camp provides the high school volleyball experience and an introduction to a higher level of play. For experienced players there is an opportunity to sharpen skills and broaden their knowledge of the game. Girls participate in drills that teach the technical aspects of the game, increasing the player’s skill level while remaining fun. Proper fundamentals are the focus, with an emphasis on form, movement, and technique. There is specialization training for position specific skills. Whether you’re are looking to become a better hitter, setter, passer, blocker or defensive specialist, the camp is a great place to learn or improve these skills.

CAMP INFORMATION

Westlake High invites incoming 9th through 12th graders heading to Westlake High to participate in our summer volleyball camp. All campers are placed into groups of similar ages and skill level in order to insure the most improvement, challenge, and fun during the camp experience. In order to assure a very low player to coach ratio, we limit camp enrollment.

CONTRIBUTION

\$140.00 for first player

\$100.00 for each additional sibling



WHAT TO BRING Water – Knee pads – Court shoes



WHERE

Westlake High School Gym

WHEN

Monday 7/16	5:00-7:30 pm
Tuesday 7/17	5:00-7:30 pm
Wednesday 7/18	5:00-7:30 pm
Thursday 7/19	5:00-7:30 pm
Friday 7/20	5:00-7:30 pm

QUESTIONS

Ernest Rittenhouse, Varsity Coach
(805) 368-8110
westlakevolleyball@rocketmail.com

OR

Matt Webb, WHS GVB Booster Treasurer
(805) 208-1860
mdwbbi@gmail.com

TEAM WEBSITE

westlakeathletics.com
Fall/Volleyball/Varsity



WESTLAKE WARRIORS
VOLLEYBALL

GIRLS VOLLEYBALL SUMMER CAMP

REGISTRATION FORM

July 16 – July 20, 2018

5 pm – 7:30 pm @ WHS Gym

Registration forms are due no later than June 30th, 2018. Please complete this registration form and the "Consent, Declaration and Assumption of Risk" and return with your camp fees. No refunds will be given after July 7, 2018.

Camper's Name _____ Birthdate _____

Parent's Names _____

Address _____

City/State/Zip _____

Camper's Phone Number _____ Email _____

Parent's Phone Number _____ Email _____

Current School _____ Grade Fall 2018 _____

Volleyball Experience _____

CAMP T-SHIRT WILL BE PROVIDED

SEND REGISTRATION TO:

Matt Webb, WHS GVB Booster Treasurer
2404 Gillingham Cir
Thousand Oaks, CA 91362

CHECKS PAYABLE TO:

WHS GVB

CONTRIBUTION:

\$140.00 for first player/
\$100.00 for each additional sibling

CONSENT, DECLARATION & ASSUMPTION of RISK

I/We _____ the parents /guardian of _____ age _____
herein consent to her enrollment to the WESTLAKE HIGH SCHOOL GIRLS VOLLEYBALL CAMP at Westlake High School.

I/we acknowledge that the physical demands of said program are strenuous, vigorous and conducted at times in a stressful environment from a standpoint of climatic conditions (heat, humidity, smog). Program Directors of said program have requested all information, past and present, with regard to the participant's health condition, that could aid Program Directors and medical authorities in the event of medical emergency involving child. In that respect the following is provided:

I hereby authorize the staff of the WESTLAKE HIGH SCHOOL VOLLEYBALL CAMP to act for me according to their best judgment in any emergency requiring medical attention. Furthermore, I hereby waive and release the school, Camp and its organizers from any and all liability including but not limited to illness, injuries, medical attention, administered, not administered or loss of property incurred while at the camp. My signature on this waiver also states the above named camper is covered by my personal medical insurance and our only recourse, regardless if the nature and/or amount is to file a claim on that policy for the incident.

Executed _____ day of _____, 2018

Signature _____ Phone: _____

Physician to whom referral should be made:

Phone: _____