Club Koa Volleyball

2021-2022 Tryout Information: Monday, October 4

www.clubkoavbc.com



Tryout Dates/Times:

Monday, October 4th: 6:00-7:30pm

Age Definitions:

14s: Born on/after 7/1/2007 13s: Born on/after 7/1/2008 12s: Born on/after 7/1/2009

Make-up Tryouts for All Ages:
Email us for individual make-up tryout.

Cost: \$20

All Tryouts held at West Valley Christian Church 22450 Sherman Way, West Hills

To register for tryouts, please fill out the tryout registration form and email it to ClubKoaVBC@yahoo.com

Our Philosophy:

Club Koa is a West Hills/Calabasas based volleyball club established for girls ages 11-18, designed to provide a high-level volleyball experience with skilled, experienced coaches, all at an affordable cost. Entering our 10th season, we strive to develop our athletes into mature, responsible young women who will hone their volleyball skills, work ethic, and self-discipline, while competing in a fun and competitive atmosphere.

Our Coaches:

Each of our head coaches is an experienced high school coach. Our staff includes multiple high school "coach of the year" award winners, a former college recruiting coordinator, and other highly trained coaches! Our coaches attend high level training conferences each year to continue to improve and succeed. We are dedicated to giving your daughter the best coaching possible!

Our Focus:

We place an emphasis on teaching correct fundamentals and technique, and instilling a growth mindset in our players. We believe that a solid foundation and an intentional process will lead to exciting results. We desire each player to grow and have fun every time they walk into the gym!

Our Results:

Club Koa teams consistently experience superior growth throughout the season. Among the 2021 year's highlights: We fielded teams in four different age groups who played in the top division in SCVA. Our 17s team won the bronze medal at the Summer Soiree and had multiple top 10 finishes in national tournaments. Our 18s team also reached the championship bracket at Summer Soiree. Over the years, we have had several teams finish their seasons ranked over 100 spots higher than their original rankings and we have seen beginning teams grow exponentially throughout the year, including a 20 match winning streak! Most importantly, we experience an extremely high percentage of our athletes returning to Koa each year! We'd love for you to come join the Koa family!

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2021-2022 Tryout Registration Form

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Player Name:	Birthdate:
Player Email:	Player School:
Parent(s) Name:	Position:
Parent Email:	_
Primary Contact #:	
When being placed on a team, your primary goal is	
Playing on the same team as friends (If so, list friends here)
Receiving the most playing time possible at tournaments	
Playing on the highest level team possible	
Participation and assumption of risk: I, the undersigned, acknowledge that I have voluntarily e	
in club volleyball tryouts for Club Koa, which shall encompass, but is not limited to, skill drills, o	
volleyball events, including but not limited to tryouts, clinics, practices, private and group lessons	
participants depending on the participant's state of health and general condition. I warrant that the a medical doctor, or anyone else that the player should not engage in physical activities. The play-	
hazards involved and we hereby agree to accept any and all risks of injury or death. As consideral	
to use one of Club Koa's facilities including but not limited to West Valley Christian Church, I he	
will not make claim against, sue or attach the property of Club Koa or any of its facilities (or the	
resulting from acts howsoever used by any employee, volunteer, agent, or contractor of Club Koa	as a result of the player's participation in this given volleyball event. I
hereby release Club Koa and any of it employees, volunteers, agents, contractors, or facilities from	n all actions, claims, or demands that I, my assignees, heirs, guardians
and legal representatives now have or may hereafter have for injury or damage resulting from her	participation in this given volleyball event. If during the course of the
player's activities in this given volleyball event, she becomes ill or sustains injury, I hereby autho	rize Club Koa, its volunteers, agents, employees or representatives to
obtain emergency medical/dental care for the player unless otherwise indicated below. I will assu	me financial responsibility for any and all bills incurred as a result of any
treatment. I have carefully read this agreement and fully understand its contents. I am aware that	this is a release of liability between me, Club Koa and its employees,
volunteers, agents or contractors and any of the facilities that it uses, and I sign it of my own free	will.
Parent Guardian Signature	Date Signed:
Print Name of Parent or Guardian:	Emergency Phone: