



BUILDING CHAMPIONS INSIDE & OUT

FLORIDA INDEPENDENT CHRISTIAN ATHLETIC ASSOCIATION
PO BOX 15481 TALLAHASSEE, FL 32317 | 850-583-1493
CONTACT@FICAA.ORG | WWW.FICAA.ORG

2024-2025 FICAA Membership Application

School Information

** Please enter school's information.*

School Name _____
Address _____
City, Zip _____
Telephone _____ Website _____
School Type (Select One): ___ Traditional ___ Non-Traditional ___ Homeschool Only ___ Other
Please Describe School Type: _____

** Please enter contact information for the school's Head Administrator:*

Name _____
Email Address _____
Phone Number _____

** Please enter information for the school's main athletic contact (Athletic Director):*

Name _____
Email Address _____
Phone Number _____

** Please enter anticipated 2024-2025 academic year enrollment:*

High School Enrollment _____ Middle School Enrollment _____

** FICAA Compliance*

By signing below, I agree that all information in this application is correct and that my school wishes to apply for membership with the FICAA for the 2024-2025 academic year. I have also read and agree to abide to all rules and regulations set forth in the FICAA bylaws and standards, including but not limited to, maintaining Christian character throughout membership, FICAA oversight of athletic programs, and payment of the FICAA registration fee as well as for participation in FICAA tournaments.

School Administrator Signature

School Administrator Printed Name

Date

Athletic Director Signature

Athletic Director Printed Name

Date

School Participation Interests

Check all tournaments that school is registering to participate:

Fall Sports	Varsity		Middle School	
	Boys	Girls	Boys	Girls
Cross Country				
Soccer				
Girls' Volleyball				

Winter Sports	Varsity		Middle School	
	Boys	Girls	Boys	Girls
Basketball				

Spring Sports	Varsity		Middle School	
	Boys	Girls	Boys	Girls
Baseball				
Flag Football				
Softball				
Track & Field				

*** Does school currently play in an athletic conference?**
 (If yes, which conference? If no, answer no.) _____

*** Does school plan to play in any FHSAA tournaments?**
 FHSAA Tournaments (Circle One) YES NO (If answered yes, list sports below):

***Does school offer any sports not listed above?**
 List any other sports that are offered by school that are not currently provided by the FICAA:

***Do you have any other comments, questions, or concerns?**

This application should be completed and returned to the FICAA office by mail at PO Box 15481, Tallahassee, FL 32317 or by email to payments@fcaa.org. Upon receipt, it will be reviewed by the FICAA Executive Committee for membership into the FICAA for the 2024-2025 academic year. This application should be submitted with the registration fee. Upon approval, your school will be invoiced for each sport chosen above prior to the beginning of the regular season.

If you have any questions, please feel free to contact:
 Rich Tenney, FICAA Director Email: rich.tenney@fcaa.org
 Office Phone: 850-583-1493 Cell Phone: 850-445-0886