2026-2027 ATHLETIC HANDBOOK

For Students & Parents

Our Commitment to Each Other

KISSIMMEE CHRISTIAN ACADEMY

VISION AND MISSION

Mission

The mission of the Athletic Department of Kissimmee Christian Academy is to provide a successful athletic program that helps develop the students through education and competition, to stimulate a lasting attitude of discipline, sportsmanship, integrity, leadership, and social responsibility, to promote Kissimmee Christian Academy's values by providing a Christian foundation for student athletes, and to make the athletic programs an enduring source of confidence for the student body, alumni, and community.

Vision

The vision of the Athletic Department of Kissimmee Christian Academy is to provide student athletes an environment that promotes and supports Christian, academic, athletic, and personal achievement, to field athletic teams to perform at competitive levels in competition, to utilize highly-qualified coaches, dedicated support staff, and administrative personnel to help individuals become better students, athletes, and citizens, and to prepare student athletes to make transitions to the next level of participation academically and athletically.

Values

We want our students to reflect on faith, learning, and success. We want our students to be surrounded by friendly staff, teachers, and coaches who are steeped in their faith values and genuinely care about their students. They are passionate, positive, and faith-filled.

PHILOSOPHY OF ATHLETICS

- We believe that glorifying God through Athletics is the primary goal of the KCA Athletic Program.
- We believe that Athletics is an avenue of reaching people for Jesus Christ.
- We believe that Athletics is a microcosm of life, and that lessons learned on the playing field can be applied to life.
- We believe in striving to do our best to succeed; to that end, every athletic game is played to succeed.
- We believe that Athletics builds a sense of loyalty to the school.
- We believe that Athletics promotes physical fitness, which aids in body growth and development.
- We believe that the KCA Academic Program takes precedence over the KCA Athletic Program.
- We believe that the KCA Coaching Staff will teach our athletes to develop Christ-like attitudes, leadership skills, and physical skills.
- We believe that Athletics helps develop sportsmanship in our athletes.
- We believe that it takes tremendous commitment on the parts of our athletes, coaches, parents, and administrators and we expect steady commitment from everyone.

GOALS FOR ATHLETES

- To honor God and exalt Jesus Christ through athletics.
- To produce disciplined, high level and high achieving teams at all levels and in all sports.
- To be ambassadors for Christ and Kissimmee Christian Academy, at home and away.
- To model humility in winning and grace in losing.
- To graduate student athletes committed to Christianity, prayer, and servant leadership.
- Be an Athletic Department recognized as an ethical leader and a model of excellence in conduct, management, and performance.
- Create an enjoyable and valuable experience for all participants, providing them with the opportunities for meaningful growth combined with the challenge of competing at their highest level.
- Place significance on the setting and achieving of goals.

GUIDELINES

Eligibility requirements include, but are not limited to, the following:

- Must legally be a student at Kissimmee Christian Academy.
- Students must have a cumulative un-weighted GPA of at least 2.0 from the beginning of their 5th grade year.
- A student who falls under a 2.0 GPA is ineligible for the next semester.
- Grades will be checked by the Athletic Director at the end of each semester.
- A student who is not eligible at the beginning of the academic year cannot become eligible until the beginning of the second semester.
- Any questions or concerns related to eligibility are to be directed to the Athletic Director.
- In addition to the academic requirements, KCA requires athletes to have no F's in any subject at the end of each nine-week grading period in order to participate in any extracurricular activity.
- At the beginning of the school year, grades will be checked at the six-week period to determine the athletes' eligibility of that sport. For the remainder of the school year, grades will be checked at the nine-week period.
- If an athlete is declared ineligible, the student may sit with the team at home games, but may not dress out. They may not travel with the team to away games. If a student is declared academically ineligible, the student will be informed by the Athletic Director. The Athletic Director will notify the Head Coach of the ineligible athlete. Ineligible students will be allowed to practice with the team at the coaches' discretion.

Transportation

All athletes must ride the school bus to off-campus activities, unless approval is granted by the school administration. Non-KCA students are not permitted to ride the bus. Athletes are expected to conduct themselves in a proper manner when traveling to and from away games. Athletes that are riding home with their parents after an away game must inform their coach before they leave.

Tryouts

Tryouts for each sport will be conducted over a period of time deemed necessary by the Head Coach. Athletes must be at tryouts to be eligible to make the team. In a case where an athlete is out of town or sick while tryouts occur, a coach may make arrangements for a separate tryout for that athlete. Tryout dates and times will be emailed, and in the school newsletter. Any parent who has a question about the final team roster must first direct their questions to the Athletic Director.

GUIDELINES

Practices

In a case where practice has been cancelled, parents will be notified by phone or e-mail. It will be the responsibility of the parent to pick their child up from practice on time. Any athletes that will miss practice for any reason must notify their coach at least one day in advance. Practices are mandatory and if missed the athlete will not participate in the following game unless excused with the coach.

Attendance

A student must attend school on practice or game days in order to be eligible to practice or play that day. All athletes must be at school no later 11:00am (with doctor note) on a school day in order to participate in any kind of athletic activity on that day. Any student athlete who is suspended or is a behavior problem in the classroom will not be eligible to participate.

Sportsmanship

Sportsmanship plays a vital role in the Athletic Program at KCA. Other parents, fans, schools, coaches, and officials judge a school by their sportsmanship during an athletic contest. All KCA athletes, parents, students, and coaches are to display behavior that will uphold the name of Jesus Christ and Kissimmee Christian Academy. The following policies established by the FHSAA concerning sportsmanship should be followed:

- Cheering should be done in support of our team and no athlete or parent may publicly criticize or berate an athlete, coach, or official prior to, during, or after any athletic contest
- Under no circumstance will an athlete or parent confront, question, challenge, rebuke, or threaten any coach, athlete, or officials.
- Under no circumstances will a parent confront a coach about playing time, coaching decisions, etc. after a game. The parent must schedule a meeting with the coach in private.
- Spectators will be asked to restrain themselves, or leave the premises if their conduct interferes in any way.
- Do not applaud errors by opponents or penalties inflicted on them.
- Understand that you are an ambassador for your school. Others will base their impressions of your school on your attitude and behavior.
- Respect the game and learn the rules.
- Booing or heckling an official's decision is unacceptable.
- Only display behavior that will model The Lord Jesus Christ.

GUIDELINES

Playing Time
The Administration and coaches realize the importance of playing time for the student athlete and all coaches see each individual as an important member of their team. However, it is the goal of KCA to provide a quality athletic program that pursues excellence. Hence, there is no mandate for playing time and playing time is at the discretion of the coach. **No parent should ever confront a coach about playing time during or immediately after the game.**

24 Hour Rule
If a parent would like to discuss any aspect of a practice or game, the parent must wait 24 hours after the situation. It is not appropriate to approach the coach immediately after a game. The coach has additional responsibilities immediately after a game and it also allows for a time of reflection for both the coach and the parent with a practice or game concern. On the other end, please make sure that you address any concern within a reasonable amount of time (between 24-48 hours) concerning any issue.

Chain of Command
Follow this chain in the administration of your sport:

1. Head Coach
2. Athletic Director
3. School Administrator

Athletic Director
The Athletic Director serves under the direction of, and has a direct reporting relationship with the School Administrator. The Athletic Director oversees the total operations of the Athletic Department and supervision of all athletic coaches. The AD oversees all facilities and game management.

Head Coaches
The Head Coach informs student athletes of rules and regulations before the season and adheres to all student athlete eligibility guidelines. The Head Coach plans practice & training sessions, game strategies, etc. and maintains a complete and updated roster at all times to ensure proper compliance and record keeping. The Head Coach is responsible to coordinate and communicate expectations for players and parents and inform them of calendar and schedule changes.

GUIDELINES

Quit Policy
When a student athlete is selected for a team often times another student athlete may have been cut. Therefore, a student needs to make a strong commitment before trying out for a team. If a student athlete is selected for a team then decides to quit the team it may jeopardize that student's eligibility to try out and/or participate in another sport. In the event the student quits the team the participation fee and any other applicable team fees will still be due.

Supervision
Student athletes must be supervised at all times. Supervision includes but is not limited to practices, games, travel, and prior to and after practices and games. Students will be sent to After Care when not picked up in a timely manner. Parents that consistently fail to pick up their student athlete from practices or games at the appropriate time may cause their student to be removed from the team. Coaches are not permitted to personally transport a student athlete without Administration approval.

Physical Examination
Student athletes must provide a completed physical examination form by their primary care doctor BEFORE participating in any sport at KCA.

This handbook is designed to provide general guidance and direction for the players, parents and coaches. The school administration, at its discretion, has the final authority concerning policies and practices that are in the best interest of the Academy, its philosophy, mission and vision.

I have read and understand the Athletic Handbook and commit myself to follow the guidelines and policies laid out before me. I also understand I must provide a completed physical examination for my student athlete before participation.

Player Signature: _____ *Date*: _____

Parent Signature: _____ *Date*: _____

Parent Signature: _____ *Date*: _____

CONTACT US

www.kissimmeechristianacademy.org

407-449-4182

kca@kcaflorida.org

ATHLETIC PERMISSION FORM
2026-2027

I hearby consent for my child to participate in any interscholastic sport for the 2026-2027 school year.

I understand that participation may necessitate an early dismissal from class in which my child will be responsible to make up all work missed.

RELEASE FORM AND MEDICAL INSURANCE INFORMATION

In consideration for being accepted into the Kissimmee Christian Academy Athletic Program, and for participation in all approved activities involved in said Program, I do, for myself, on behalf of my child _____ release, forever discharge and agree to hold harmless Kissimmee Christian Academy and the directors, staff or coaches thereof from any liability claims or demands for personal injury, sickness or death, which may be incurred by the undersigned and the child that occur while said child is participating in this activity.

I am the legal parent/legal guardian of this child and hereby grant my permission for him/her to participate fully in said athletic program. ***I state that I have no knowledge of any physical condition that would prohibit my child's full participation in said athletic program and fully state and understand that it is my responsibility to ensure my child is physically fit to participate in said athletic program.*** I hereby give permission to take my child to a doctor or hospital and hereby authorize any medical treatment including but not limited to emergency surgery, and assume the responsibility of all medical bills, if any.

_____
Print Student's Name

_____
Parent/Guardian Signature Date

Parent Phone Numbers:

Cell _____ Work _____

Emergency Contact Name & Number: _____

Insurance Company: _____

Policy Number: _____ Group Number: _____

CHEER PERMISSION FORM
2026-2027

I hearby consent for my child to participate in Cheerleading for the 2026-2027 school year.

I understand that participation may necessitate an early dismissal from class in which my child will be responsible to make up all work missed.

RELEASE FORM AND MEDICAL INSURANCE INFORMATION

In consideration for being accepted into the Kissimmee Christian Academy Cheer Program, and for participation in all approved activities involved in said Program, I do, for myself, on behalf of my child _____ release, forever discharge and agree to hold harmless Kissimmee Christian Academy and the directors, staff or coaches thereof from any liability claims or demands for personal injury, sickness or death, which may be incurred by the undersigned and the child that occur while said child is participating in this activity.

I am the legal parent/legal guardian of this child and hereby grant my permission for him/her to participate fully in said athletic program. ***I state that I have no knowledge of any physical condition that would prohibit my child's full participation in said athletic program and fully state and understand that it is my responsibility to ensure my child is physically fit to participate in said athletic program.*** I hereby give permission to take my child to a doctor or hospital and hereby authorize any medical treatment including but not limited to emergency surgery, and assume the responsibility of all medical bills, if any.

_____
Print Student's Name

_____
Parent/Guardian Signature Date

Parent Phone Numbers:

Cell _____ Work _____

Emergency Contact Name & Number: _____

Insurance Company: _____

Policy Number: _____ Group Number: _____

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

MIDDLE SCHOOL ATHLETIC CONSENT FORM – Preparticipation Physical Evaluation

This completed form must be kept on file by the school of participation. Physicals completed in the spring (after April 1) are valid for spring sports participation and July 1 through June 30 of the following school year.

Part 1. Student Information (to be completed by student or parent).

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: _____ / _____ / _____

School: _____ Grade in School: _____ Sport(s): _____

Home Address: _____ Home Phone: (_____) _____

Name of Parent/Guardian: _____ E-mail: _____

Person to Contact in Case of Emergency: _____

Relationship to Student: _____ Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Personal/Family Physician: _____ City/State: _____ Office Phone: (_____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___
2. Do you have an ongoing chronic illness?	___	___
3. Have you ever been hospitalized overnight?	___	___
4. Have you ever had surgery?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food, or stinging insects)?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___
9. Have you ever passed out during or after exercise?	___	___
10. Have you ever been dizzy during or after exercise?	___	___
11. Have you ever had chest pain during or after exercise?	___	___
12. Do you get tired more quickly than your friends do during exercise?	___	___
13. Have you ever had racing of your heart or skipped heartbeats?	___	___
14. Have you had high blood pressure or high cholesterol?	___	___
15. Have you ever been told you have a heart murmur?	___	___
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___
20. Have you ever had a head injury or concussion?	___	___
21. Have you ever been knocked out, become unconscious, or lost your memory?	___	___
22. Have you ever had a seizure?	___	___
23. Do you have frequent or severe headaches?	___	___
24. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	___	___
25. Have you ever had a stinger, burner, or pinched nerve?	___	___
26. Have you ever become ill from exercising in the heat?	___	___
27. Do you cough, wheeze, or have trouble breathing during or after activity?	___	___
28. Do you have asthma?	___	___
29. Do you have seasonal allergies that require medical treatment?	___	___
30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
31. Have you had any problems with your eyes or vision?	___	___
32. Do you wear glasses, contacts, or protective eyewear?	___	___
33. Have you ever had a sprain, strain, or swelling after injury?	___	___
34. Have you broken or fractured any bones or dislocated any joints?	___	___
35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?		
If yes, check appropriate blank and explain below.		
___ Head ___ Neck ___ Back ___ Chest ___ Shoulder		
___ Upper Arm ___ Elbow ___ Forearm ___ Wrist ___ Hand		
___ Finger ___ Foot ___ Hip ___ Thigh ___ Knee		
___ Shin/Calf ___ Ankle		
36. Do you want to weigh more or less than you do now?	___	___
37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
38. Do you feel stressed out?	___	___
39. Have you ever been diagnosed with sickle cell anemia?	___	___
40. Have you ever been diagnosed with having the sickle cell trait?	___	___

41. Record the dates of your most recent immunizations (shots) for:
Tetanus: _____ Measles: _____
Hepatitis B: _____ Chickenpox: _____

FEMALES ONLY (optional)

42. When was your first menstrual period? _____
43. When was your most recent menstrual period? _____
44. How much time do you usually have from the start of one period to the start of another? _____
45. How many periods have you had in the last year? _____
46. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20 Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: _____ Signature of Parent/Guardian: _____ Date: _____

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

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This completed form must be kept on file by the school of participation. Physicals completed in the spring (after April 1) are valid for spring sports participation and July 1 through June 30 of the following school year.

Part 3. Physical Examination **(to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant, or certified advanced registered nurse practitioner).**

Student's Name: _____ Date of Birth: ____ / ____ / ____

Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____ / ____ (____ / ____ , ____ / ____)

Temperature: _____ Hearing: right: P ____ F ____ left: P ____ F ____

Visual Acuity: Right 20/_____ Left 20/_____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
1. Appearance			
2. Eyes/Ears/Nose/Throat			
3. Lymph Nodes			
4. Heart			
5. Pulses			
6. Lungs			
7. Abdomen			
8. Genitalia (males only)			
9. Skin			
MUSCULOSKELETAL			
10. Neck			
11. Back			
12. Shoulder/Arm			
13. Elbow/Forearm			
14. Wrist/Hand			
15. Hip/Thigh			
16. Knee			
17. Leg/Ankle			
18. Foot			

* – station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

____Cleared without limitation

____Disability: _____ Diagnosis: _____

____Precautions: _____

____Not cleared for: _____ Reason: _____

____Cleared after completing evaluation/rehabilitation for: _____

____Referred to: _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: _____

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

____Cleared without limitation

____Disability: _____ Diagnosis: _____

____Precautions: _____

____Not cleared for: _____ Reason: _____

____Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: _____

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.