



New Non-Dayspring Student Athletics Application Check List

Please complete all forms in this packet and return to the Office.

_____ Enrollment Application

_____ Student Response Form

_____ Christian Recommendation

_____ Statements of Faith

_____ Statement on Marriage, Gender & Sexuality, Life, Final Authority on Matters of Faith and Conduct

_____ Physical Form

_____ Letter stating you are registered with School Dist. of residency (Home School Only)

_____ Interview with Athletic Director when all forms are returned

_____ Fee Paid

If you have any questions, please call Kim Gomez at the 584-2587 or e-mail kgomez@dayspringeagles.org. Summer office hours will be M-Th from 8-2:30.

**Application For Athletics
Non-DCA Students**



Date _____

Student Information

Athlete's Name _____
(Last) (First) (Nickname)

Date of Birth (mm/dd/year) ____/____/____ Grade in Fall ____ (6 - 12)

Mailing Address _____

City _____ State _____ Zip _____ County _____

Phone: Home (____) _____ Athlete's cell (____) _____

Check any that apply:

Parents married Parents separated Parents divorced Single parent Mother remarried
 Father remarried Father deceased Mother deceased Other

Household Information

Father or Legal Male Guardian athlete LIVES with:

Name _____
(Last) (First)

Employer _____ Position _____

Contact Information (____) _____ (____) _____ (____) _____
(Home) (Business) (Cell)

Email addresses _____
(Home) (Business)

Mother or Legal Female Guardian athlete LIVES with:

Name _____
(Last) (First)

Employer _____ Position _____

Contact Information (____) _____ (____) _____ (____) _____
(Home) (Business) (Cell)

Email addresses _____
(Home) (Business)

***** If athlete is not living with both biological parents, complete the information below for the biological parent NOT living with this athlete:**

Name: _____ Relationship to Athlete: _____

Address: _____ City _____ State _____ Zip Code _____

E-mail _____
(Home) (Business)

Name: _____ Relationship to Athlete: _____

Address: _____ City _____ State _____ Zip Code _____

E-mail _____
(Home) (Business)

Church

CHURCH AFFILIATION

Which church does your family attend on a regular basis? _____

Does this athlete attend a different church from his/her parents? (If yes, please explain why)

Is this student actively involved in a youth group?

PLEASE FILL OUT BOTH SIDES OF THIS FORM

Academic Information

Has this athlete ever repeated or skipped a grade? (If so, please explain) _____

Is this athlete receiving home-schooling instruction? _____ If yes, are you registered with the school district where you reside? _____ According to CHSAA eligibility rules you must be registered with the District as a home school student.

If not a home school student, which school do you attend? _____

Other Information

Has this athlete received any type of counseling from a licensed counselor, psychologist or another, such as a pastor/youth

Has this athlete experienced behavior (discipline) or emotional problems in school or at home? (If so, please explain)

Describe any specific physical needs this athlete has of which DCA should be aware.

Has this athlete ever been arrested, convicted or charged with a crime? (If so, please explain) _____

Please share any comments or other pertinent information concerning this athlete _____

Have you played sports at any other high school? If yes please indicated which sport(s) and where YES or NO

Signature

The undersigned represents signing parties are the parents and/or legal guardians of the athlete, and the information contained in this application is complete, true and correct in all aspects. I/We understand that my/our submission of this application and its acceptance for review by DCA does not constitute DCA's agreement to accept the athlete.

APPLICANT(S):

Athlete's signature Athlete's printed name Date

Parent/Guardian signature Parent/Guardian printed name Date

Parent/Guardian signature Parent/Guardian printed name Date

Please return this form to Dayspring Christian Academy Athletic Department



Student Response Form

(To be completed by all new 6th-12th grade athletes)

(Athlete's Name)

(Grade)

(Date of Birth)

Have you received Jesus Christ as your Lord and Savior?
If yes, describe how.

The name of your church: _____

Do you attend church on a regular basis? *circle* yes no
If no, explain why not.

Are you involved in a church youth group?

Do you desire or want to play sports for Dayspring? *circle* yes no
Explain why or why not.

Describe your personal time of Bible reading and prayer.

Please describe the type of music you enjoy the most.

Please describe your feelings about the use of drugs, tobacco, and alcohol.

Please list the names of any students you know who currently play for Dayspring.

Student Signature

Date

Please return this form to Dayspring Christian Academy Athletic Department



Christian Recommendation

Family Name

Student Name(s)

The above named family has begun the process of enrolling their child(ren) in Dayspring Christian Academy. Since we consider church involvement an important factor in evaluating a family for admission, we appreciate your taking the time to respond to the following questions.

1. How long have you known this family?
 less than one year 2-5 Years 5+ years other
2. Does this family:
 hold membership in your church attend regularly attend occasionally don't know
3. Do the children actively participate in your youth group services/activities?
 Yes No Don't know
4. Is this family involved in any church activities other than worship services?
If so, please describe these activities:
5. DCA's mission is "Equipping the heart, soul, mind, and body of each student from a Biblical Perspective in partnership with the Christian home." In your opinion, could this family represent and support the mission of Dayspring? Yes No
6. Please add any comments you believe would help us to become better acquainted with this family.

Signature

____/____/____
Date

Relationship to Family

Name of Church you attend

Phone

Address of Church

Please return to Dayspring Christian Academy Athletic Department
3734 W. 20th Street, Greeley, CO 80634-3429

Or

FAX to: (970) 330-0565



Statement of Faith and Biblical Parenting Philosophy Agreement of Dayspring Christian Academy Statement of Faith Agreement of Dayspring Christian Academy

Agree Disagree

_____ 1. We believe the Bible to be the inspired and only infallible authoritative Word of God. (II Timothy 3: 16)

_____ 2. We believe that there is one God, co-equal and co-eternal in three persons: Father, Son and Holy Spirit. (Matthew 3: 16, 17; 28:19-20)

_____ 3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His substitutionary and atoning death through His shed blood, in His resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. (I Corinthians 15:3, 4; Acts 1:11; I Peter 2:21, 24; John 3:16)

_____ 4. We believe that for salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential. (Romans 3:21-30; Galatians 4:4-7)

_____ 5. We believe in the resurrection of both the saved and the lost; that they are saved unto the resurrection of life; and that they are lost unto the resurrection of damnation. (John 5:24, 28-29; I Thessalonians 4:13-18)

_____ 6. We believe in the spiritual unity of the believers in our Lord Jesus Christ. We believe that this unity and purpose is manifested through the body of Christ, the church, and that each believer is a member of that body, called to minister in a manner which brings glory to God. (John 17:21-23)

Biblical Parenting Philosophy Agreement of Dayspring Christian Academy

_____ 7. We agree to co-operate with and support the implementation of the following Dayspring parenting philosophy statement: Dayspring serves children of Christian parents, who desire to be biblical role models for their children, who are active in a local church and who choose to train their children in the ways of the Lord, as outlined in the Bible. We recognize that: *All have sinned and fall short of the glory of God* - Romans 3:23, and therefore no one, parents or others, are perfect. However, in the training of our children, it is critically important that we keep our focus on Jesus (*Let us fix our eyes on Jesus, the author and perfecter of our faith* Hebrews 12:2a) who said, *If you love me, you will keep my commandments* John 14:15.

Parent/Guardian signature Date

Parent/Guardian signature Date



Statement on Marriage, Gender and Sexuality

Please read carefully and initial to agree with Dayspring's Statement on Marriage, Gender and Sexuality, Statement of Life and Statement of Final Authority on Matters of Faith and Conduct.

_____ We believe that God wonderfully and immutably creates each person as male or female. These two distinct, complementary genders together reflect the image and nature of God. (Gen 1:26-27.) Rejection of one's biological sex is a rejection of the image of God within that person.

_____ We believe that the term "marriage" has only one meaning: the uniting of one man and one woman in a single, exclusive union, as delineated in Scripture. (Gen 2:18-25.) We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other. (1 Cor 6:18; 7:2-5; Heb 13:4.) We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman.

_____ We believe that any form of sexual immorality (including adultery, fornication, homosexual behavior, bisexual conduct, bestiality, incest, and use of pornography) is sinful and offensive to God. (Matt 15:18-20; 1 Cor 6:9-10.)

_____ We believe that in order to preserve the function and integrity of Dayspring Christian Academy (DCA) as the local Body of Christ, and to provide a biblical role model to the DCA members and the community, it is imperative that all persons employed by DCA in any capacity, or who serve as volunteers, agree to and abide by this Statement on Marriage, Gender, and Sexuality. (Matt 5:16; Phil 2:14-16; 1 Thess 5:22.)

_____ We believe that God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ. (Acts 3:19-21; Rom 10:9-10; 1 Cor 6:9-11.) We believe that every person must be afforded compassion, love, kindness, respect, and dignity. (Mark 12:28-31; Luke 6:31.) Hatful and harassing behavior or attitudes directed toward any individual are to be repudiated and are not in accord with Scripture nor the doctrines of Dayspring Christian Academy.

Statement on Life

_____ We believe that all human life is sacred and created by God in His image. Human life is of inestimable worth in all its dimensions, including pre-born babies, the aged, the physically or mentally challenged, and every other stage or condition from conception through natural death. We are therefore called to defend, protect, and value all human life. (Ps 139.)

Statement of Final Authority on Matters of Faith and Conduct

_____ The statement of faith does not exhaust the extent of our beliefs. The Bible itself, as the inspired and infallible Word of God that speaks with final authority concerning truth, morality, and the proper conduct of mankind, is the sole and final source of all that we believe. For purposes of Dayspring Christian Academy's faith, doctrine, practice, policy, and discipline, our School Board of Directors is Dayspring's final interpretive authority on the Bible's meaning and application.

Dayspring does not discriminate on the basis of color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs and athletic and other school administered programs.

Please return this form to Dayspring Christian Academy Athletic Department



PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION - PART I

I hereby certify that I have examined _____ and that the student was found physically fit to engage in high school sports (except as listed on back).

Student's birth date _____ Exp. Date (good for 365 days) _____

PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.

By signing this Permission Form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM. By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.**

I hereby give my consent for _____ to compete in athletics for High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the Competitor's Brochure.

Parent or Guardian Signature _____ Date _____

I have read, understand and agree to the General Eligibility Guidelines as outlined in the Competitor's Brochure.

Student Signature _____ Date _____

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement signed by his parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, he/she is physically fit to participate in high school athletics; and that he/she has the consent of his/her parents or legal guardian to participate.

NOTE: It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

NOTE: The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School.

PHYSICIAN SIGNATURE REQUIRED ON BACK

PART II -- MEDICAL HISTORY

This form must be completed and signed, prior to the physical examination, for review by examining physician. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

MEDICAL HISTORY OF STUDENT & FAMILY				YES	NO	MEDICAL HISTORY OF STUDENT & FAMILY				YES	NO
1.	Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	32.	Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>				
2.	Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	33.	Have you ever had herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>				
3.	Are you currently taking any prescription or non-prescription (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	34.	Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>				
4.	Do you have allergies to medicines, pollens, foods or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	35.	Date of last head injury or concussion:						
5.	Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medications?	<input type="checkbox"/>	<input type="checkbox"/>	36.	Have you ever been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>				
6.	Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	37.	Have you ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>				
7.	Have you ever passed out or nearly passed out at any other time?	<input type="checkbox"/>	<input type="checkbox"/>	38.	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>				
8.	Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	39.	Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>				
9.	Have you ever had to stop running after ¼ to ½ mile for chest pain or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	40.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>				
10.	Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	41.	Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>				
11.	Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection			42.	When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>				
12.	Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	<input type="checkbox"/>	43.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>				
13.	Has anyone in your family died suddenly for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	44.	Have you had any other blood disorders or anemia?	<input type="checkbox"/>	<input type="checkbox"/>				
14.	Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	45.	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>				
15.	Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death.)	<input type="checkbox"/>	<input type="checkbox"/>	46.	Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>				
16.	Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	47.	Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>				
17.	Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	48.	Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>				
18.	Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	49.	Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>				
19.	Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	50.	Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>				
20.	Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	51.	Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>				
21.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	52.	Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>				
22.	Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	53.	What is the date of your last Tetanus immunization? Date: _____						
23.	Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY							
24.	Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	54.	Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>				
25.	Have you ever been diagnosed with asthma or other allergic disorders?	<input type="checkbox"/>	<input type="checkbox"/>	55.	Age when you had your first menstrual period?						
26.	Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	56.	How many periods have you had in the last 12 months?						
27.	Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>	57.	Do you take a calcium supplement?	<input type="checkbox"/>	<input type="checkbox"/>				
28.	Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here:							
29.	Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>								
30.	Have you had infectious mononucleosis (mono) within the last three months?	<input type="checkbox"/>	<input type="checkbox"/>								
31.	Have you ever had mono or any illness lasting more than two weeks?	<input type="checkbox"/>	<input type="checkbox"/>								

Parent/Guardian Signature: _____

Athlete's Signature: _____

PART III -- PHYSICAL EXAMINATION

NAME: _____ SCHOOL: _____

HEIGHT: _____ WEIGHT: _____ SEX: _____ AGE: _____ DOB: _____

*Tanner Stage or Maturation Index? (males only): _____ BP: _____

*Percent Body Fat: _____ Pulse: *(rest) _____

*Audiogram _____ *(Exercise) _____

* Vision: Corrected: (L) _____ (R) _____ (Both) _____ *(Recovery) _____

Uncorrected (L) _____ (R) _____ (Both) _____ *(FEV or Peak Flow (rest) _____) _____

	N	Abnormal		N	Abnormal
Eyes			Cervical Spine/neck		
Ears			Back		
Nose			Shoulders		
Throat			Arm/elbow/wrist/hand		
Teeth			Knees/hips		
Skin			Ankle/feet		
Lymphatic			Marfan Screen		
Lungs			*Urine		
Heart			*Hemoglobin or HCT and or Iron stores		
Peripheral pulses			^Echocardiogram		
Abdomen			^Neuropsyc Testing		
Genitalia/hernia (male only)			^Pelvic Examination		

***WHEN MEDICALLY INDICATED**

(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

^WITH SPECIAL INDICATIONS

(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

- CLEARED WITHOUT RESTRICTIONS**
- Cleared **AFTER** further evaluation or treatment for: _____
- Cleared for **Limited participation** (check and explain "reason" for all that apply):
 Not cleared for (specific sports): _____
 Cleared only for (specific sports): _____
Reason(s): _____
- NOT CLEARED FOR PARTICIPATION:** _____
Reason(s): _____
- Other Recommendations:
 Recommend monitoring during early conditioning because of weight/fitness/other
 Recommend restrictions or monitoring of weight loss or gain
 Other: Reasons: _____

MD/DO, PA, NP, DE-SPC#, Signature: _____

Date of Examination: _____ Date Signed: _____

NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR and degree: (print):

Address: _____

City _____ State _____ Zip _____



Philosophy of Dayspring Christian Academy

“but those who hope in the LORD will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint.” Isaiah 40:31

A child is created in the image of God, but he also has inherited man’s sinful nature. Therefore, to become the person God intends him to be, he must accept Jesus Christ as his Lord and Savior, and he must be trained and nurtured in the Light and the Truth, which is the **Word of God**.

Impelled by this premise, Dayspring Christian Academy was founded under the Lordship of Jesus Christ, is God-glorifying and is an extension of the Christian home. Dedicated to Biblical truth, the school provides students with the opportunity for a personal relationship with Jesus Christ, academic excellence, and guided growth in physical, mental, spiritual and social development.

Quality Christian education is achieved when parents, students, teachers, administrators, staff and board members firmly support the school in every aspect and maintain open communication with one another. The following specifics are essential:

- Parents are responsible for their child’s education and spiritual growth. ***As such parents lives are to be Biblical role models for their children as outlined throughout the Bible, for example Ephesians 5:22 -6:4***
- Teachers must realize a calling for teaching and be spiritually and academically qualified.
- Students must have a desire to: learn and to grow mighty in spirit, to strive for excellence in studies and activities, be respectful of others and to serve the school, church and the community in the name of the Lord Jesus Christ.
- Board members are mature Christians with a vision of Christian education and must possess strong leadership abilities.
- The Administrator is the spiritual leader and key visionary of the school. God has revealed His truth in Holy Scripture; therefore, quality Christian education is achieved through total integration of the Word of God into all aspects of a school’s life.

Vision

Dayspring Christian Academy is to be a premier institution of Christian education that is distinctly and intentionally biblical in its approach.

Mission

From a Biblical worldview and in partnership with Christian parents, our mission is to educate the mind and train the heart of each student to serve the world for the glory of Christ.

Non-discrimination

Dayspring does not discriminate on the basis of color, national or ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs and athletic and other school administered programs.

Statement of Faith

We believe:

- the Bible to be the inspired and only infallible authoritative Word of God. (II Timothy 3:16).
- that there is one God, co-equal and co-eternal in three persons: Father, Son and Holy Spirit. (Matthew 3:16-17; 28:19-20).
- in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, and His miracles, in His substitutionary and atoning death through His shed blood, in His resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory (I Corinthians 15:3-4; Acts 1:11; I Peter 2:21, 24; John 3:16).
- that for salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential (Romans 3:21-30; Galatians 4:4-7).
- in the resurrection of both the saved and the lost; that they are saved unto the resurrection of life; and that they are lost unto the resurrection of damnation (John 5:24, 28, 29; I Thessalonians 4:13-18).
- in the spiritual unity of the believers in our Lord Jesus Christ. We believe that this unity and purpose is manifested through the body of Christ, the church, and that each believer is a member of that body, called to minister in a manner which brings glory to God (John 17:21-23).