



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 Eva Reese at 970-584-2584 or e-mail ereese@dayspringeagles.org. Summer office hours will be M-Th from 9-3.

**Application For Athletics
Non-DCA Students**



Date _____

Athlete's Name _____

Date of Birth (mm/dd/year) ____ / ____ / ____ Grade in Fall _____ (7-12)

Mailing Address _____

City _____ State _____ Zip _____ County _____

Athlete's cell _____

Check any that apply:

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

Father or Legal Male Guardian athlete LIVES with:

Name _____

Employer _____ Position _____

Contact Information _____ (Cell)

Email address _____

Mother or Legal Female Guardian athlete LIVES with:

Name _____

Employer _____ Position _____

Contact Information _____ (Cell)

Email address _____

***** 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 _____

Name: _____ Relationship to Athlete: _____

Address: _____ City _____ State _____ Zip Code _____

E-mail _____

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

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? _____

Which DCA sports are you interested in? _____

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

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

The undersigned 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



DAYSPRING CHRISTIAN ACADEMY

Student Response Form

To be completed by all new 7th-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



DAYSPRING CHRISTIAN ACADEMY

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 you 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

Email to: ereese@dayspringeagles.org



DAYSRING CHRISTIAN ACADEMY

Statement of Faith and Biblical Parenting Philosophy 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 cooperate 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

Summary Agreement of Dayspring Christian Academy

Please read carefully and initial each statement to denote your agreement to the conditions of our partnership in your child(ren)'s athletics.

- _____ 1. I/We agree to meet all financial obligations to Dayspring Christian Academy in a timely manner. If for any reason we are unable to meet our obligation, we agree to contact the Business Manager prior to the due date to arrange alternative payments.
- _____ 2. I/We agree to uphold the standard of conduct that the school has established in accordance with God's Word.
- _____ 3. I/We agree that the Statement of Faith (*see other side of this page*) expresses the doctrines of the Bible which are central to New Testament Christianity.
- _____ 4. I/We have read and agree with Dayspring's *Statement of Faith and Biblical Philosophy of Parenting*, and agree to have our child educated in accordance therewith. Furthermore we agree to not oppose Dayspring's biblical teaching, guiding principles, vision (*Christ-centered Education*) and mission statement (*Equipping the heart, soul, mind, and body of each student, from a biblical perspective, in partnership with the Christian home*).
- _____ 5. I/We understand that during the first two weeks of athletics, any new information (poor student attitude or conduct, transcript or other information from previous schools, etc.) will be evaluated and could constitute grounds for dismissal without a refund of fees.
- _____ 6. I/We understand that the athletic fee is non-refundable regardless of the student's status.
- _____ 7. I/We understand that I/we as parent(s)/guardians am/are responsible for reading and understanding the policies of the Athletic Handbook.
- _____ 8. I/We understand that additional forms and clearance will be required to participate as a volunteer in athletic activities involving direct one-to-one student interaction.

Your signature(s) attest(s) to the truthfulness of your response(s) on the entire application form.

Parent/**Father**/Guardian signature

date

Parent/**Mother**/Guardian signature

date

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



DAYSRING CHRISTIAN ACADEMY

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



PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)

*This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date signed below.*

Revised 4/24

MEDICAL HISTORY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Gender: _____ Age: _____ Date of Birth: ___/___/___
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ City/State: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____ Relationship to Student: _____
 Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
 Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

List past and current medical conditions:

Have you ever had surgery? If yes, please list all surgical procedures and dates:

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional)):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

Patient Health Questionnaire version 4 (PHQ-4)

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

GENERAL QUESTIONS		Yes	No	HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.				<i>(continued)</i>			
1	Do you have any concerns that you would like to discuss with your provider?			8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
2	Has a provider ever denied or restricted your participation in sports for any reason?			9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
3	Do you have any ongoing medical issues or recent illnesses?			10	Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
4	Have you ever passed out or nearly passed out during or after exercise?			11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
7	Has a doctor ever told you that you have any heart problems?						



PREPARTICIPATION PHYSICAL EVALUATION (Page 2 of 4)

This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date signed below.

Student's Full Name: _____ Date of Birth: ___/___/___ School: _____

BONE AND JOINT QUESTIONS		Yes	No	MEDICAL QUESTIONS (continued)		Yes	No
14	Have you ever had a stress fracture?			26	Do you worry about your weight?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			27	Are you trying to or has anyone recommended that you gain or lose weight?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?			28	Are you on a special diet or do you avoid certain types of foods or food groups?		
MEDICAL QUESTIONS		Yes	No	29	Have you ever had an eating disorder?		
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?			Explain "Yes" answers here: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?						
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?						
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?						
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?						
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?						
23	Have you ever become ill while exercising in the heat?						
24	Do you or does someone in your family have sickle cell trait or disease?						
25	Have you ever had or do you have any problems with your eyes or vision?						

Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. CHSAA bylaw 1780.1 states, "No pupil shall participate in formal practice or represent his/her/their school in interscholastic athletics until there is a statement on file with the principal or athletic director signed by his/her/their parents or legal guardian and a practitioner licensed in the United States to perform sports physicals certifying that: (a) he/she/they has passed an adequate physical examination within the past 365 calendar days; (b) that in the opinion of the examining licensed practitioner, he/she/they is physically fit to participate in high school athletics; and (c) that he/she/they has the consent of his/her/their parents or legal guardian to participate. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. No pupil shall participate in formal practice or represent his/her/their school in interscholastic athletics until this form is completed in its entirety and page 4 is on file with the principal or athletic director signed by his/her/their parents or legal guardian and a practitioner licensed in the United States to perform sports physicals certifying that: (a) he/she/they has passed an adequate physical examination within the past 365 calendar days; (b) that in the opinion of the examining licensed practitioner, he/she/they is physically fit to participate in high school athletics. The CHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name: _____(printed) Student-Athlete Signature: _____ Date: ___/___/___

Parent/Guardian Name: _____(printed) Parent/Guardian Signature: _____ Date: ___/___/___

Parent/Guardian Name: _____(printed) Parent/Guardian Signature: _____ Date: ___/___/___

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PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)

This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date signed below.

Revised 4/24

PHYSICAL EXAMINATION FORM

Student's Full Name: _____ Date of Birth: ___/___/___ School: _____

PHYSICIAN REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	
• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?	

Verify completion of Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. (check box if complete)

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: Yes No
MEDICAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and Arm		
Elbow and Forearm		
Wrist, Hand, and Fingers		
Hip and Thigh		
Knee		
Leg and Ankle		
Foot and Toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

Name of Healthcare Professional (print or type): _____ Date of Exam: ___/___/___

Address: _____ Phone: (____) _____ E-mail: _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

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PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.

MEDICAL ELIGIBILITY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Gender: _____ Age: _____ Date of Birth: ___/___/___
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ City/State: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____ Relationship to Student: _____
 Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
 Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: *(use additional sheet, if necessary)*
-
- Medically eligible for only certain sports as listed below:
-
- Not medically eligible for any sports

Recommendations: *(use additional sheet, if necessary)*

I hereby certify that I have examined the above-named student-athlete using the CHSAA Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___/___/___
 Address: _____ Phone: (____) _____
 Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp *(if required by school)*

Medications: *(use additional sheet, if necessary)*

List: _____

Relevant medical history to be reviewed by athletic trainer/team physician: *(explain below, use additional sheet, if necessary)*

- Allergies Asthma Cardiac/Heart Concussion Diabetes Heat Illness Orthopedic Surgical History Sickle Cell Trait Mental Health

Explain: _____

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

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct.

This form is not considered valid unless all sections are complete.