

ATS Web Portal – Entering a New Athlete

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Start your internet browser (Firefox, Chrome, Safari, and older versions of Internet Explorer are fine ATS will not work with Internet Explorer 10)

Enter the address **www.atsusers.com**

Click on the ATS Athlete Portal Link



Fill out the form as shown below using NEW as the athlete ID and NEW as the password (you will set up your own ID and password later).

Use ATSNJC as the Database

Athlete ID:	<input type="text" value="NEW"/>
Password:	<input type="password" value="•••"/>
Database:	<input type="text" value="ATSNJC"/>
Forqot your Password?	

Click Log-In

* If using Internet Explorer 10 you will not be able to get past this step. ATS is not compatible with IE10

Use Screen below to fill out Athlete Information. Yellow blanks are REQUIRED to save.

Athlete Information - NORTHEASTERN JUNIOR COLLEGE Logout

General

Tan colored items are required to be filled out.

Select Team 1: Men Baseball
Select Team 2:
Select Team 3:

Name: NJC Athletics
(First) (MI) (Last)

Gender: Male
DOB: 11/11/1995 Format must be mm/dd/yyyy

Phone: 555-123-4567 Cell: 555-987-6543

Email: someone@somewhere.com SSN #:
Text Address: (1234567890@domain.com) Cell Phone Carrier Domain Info

Twitter Tag:

Additional Address: 100 College Drive

City: Sterling State/Province: CO
Zip Code: 80751 Country: USA

Choose your own username and password. This is what you will use to log into the system to report any injuries, see rehabs, or schedule appointments.

If you want to upload a photo the sports medicine staff would appreciate it, but it is not required.

Athlete ID: njcathletics
Used to log into the ATS Athlete Portal and Kiosk.

Alternate ID:

Password: njcathletics
At least 8 characters using numbers and letters.

Year: Freshman
Blood Type:

Driver #:
Passport #:

Upload Athlete Photo:
No PHOTO AVAILABLE
(Suggested Size: 160x200)
Browse...

Medical Alerts (Size limit 200)

Allergies (Size limit 200)

Current Medications (Size limit 200)

Save Athlete Information Verify Athlete Information I verify that the information above is correct and up to date. This is only required if no changes have been made.

Enter Any Medical Alerts, Allergies, and Current Medications. If None, type NONE or N/A in the box as an entry is required.

Then Click Save Athlete Information.

Once saved the screen will look the same with the addition of several tabs up top. Please take the time to fill out each tab. Instructions for each tab will follow.

Athlete Information Menu Logout

General Medical History Immunizations/Paperwork Insurance Contacts Athlete Forms eFiles

Name:

(First) (MI) (Last)

Medical History Tab

For the medical history tab, please list any surgeries you have had here using the add button circled in red. You will also need to fill out the Pre-Participation Health History Questionnaire in the Athlete Forms Tab. More on that Later. Make sure you click save.

Athlete Information Menu Logout

General **Medical History** Immunizations/Paperwork Insurance Contacts Athlete Forms eFiles

Please answer the questions below and edit or insert any surgeries you may have had. You must click save at the bottom for changes to take affect.

Surgeries

Surgeries: **+ Add** Edit Delete Refresh

Surgery Date	Therap Completed	Body Part	Doctor	Hospital & City	Procedure & Notes
No records found.					

Medical Questions

For new profiles you must answer Yes or No. Please read all questions and click Yes or No to those that apply.

Question	Applies	Family	Other Information
Please Answer Pre-Participation Form in Athlete Forms	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="text" value=""/>

Other Medical Notes

Save Medical History Verify Medical History I verify that the medical history above is correct and up to date. This is only required if no changes have been made.

Immunizations / Paperwork Tab.

Nothing is required on the

The screenshot shows the 'Athlete Information' portal with the 'Immunizations/Paperwork' tab selected. The 'Immunizations' section has a table with columns for Date, Immunization Type, and Notes, and a message: 'No records found.' Below this is a 'Verify Immunization Information' button and a text box containing the instruction: 'I verify that the immunization information above is correct and up to date. This is only required if no changes have been made.' The 'Paperwork' section has a table with columns for Paperwork, Submitted, and Comment, and a message: 'No records found.'

Insurance Tab

On the insurance Tab, Click Add to add your insurance company information

The screenshot shows the 'Athlete Information' portal with the 'Insurance' tab selected. The 'Insurance' section has a table with columns for Payor # (1=Prir), Plan Info & Physician (PCP), and Policy Holder Information. The 'Add' button is circled in red. Below the table is a message: 'No records found.' There are two buttons: 'Add a New Insurance Company' and 'Verify Insurance Information'. The text next to the 'Add' button says: 'If you are not able to find your insurance company in the list, close the popup window. Then click the button above to add your company to the list.' The text next to the 'Verify' button says: 'I verify that the insurance information above is correct and up to date. This is only required if no changes have been made.'

Add Insurance Information

Add Insurance Information

Company: Anthem BCBS

Ins. Type: Medical - PPO

Payor # (1=Primary): 1

Co. Phone: 800-555-5555

Plan: Med Selects 17

Plan Type: Group Health Plan

CoPay: 35

ID #: XFY986943A237

Group #: 123456

Primary Care Physician: Dr Bacon

Physician Phone: 970-521-3223

Policy Holder First Name: Mom Or Dad

Policy Holder Middle Name:

Policy Holder Last Name:

Policy Holder DOB: 11/11/1960

Policy Holder SSN:


Policy Holder Gender:

Policy Holder Relation:

Policy Holder Street:

Policy Holder City:

Fill out the information as completely as possible. Be sure to include Address and phone #'s As well as the Policy holder information. The SSN is not required but please include all other policy holder information including the policy holder's birthdate. This helps in expediting the insurance claims process.

You can add an image of your card here. If you have a scanner you can scan it in or even take a picture of it with your phone and upload it here. Then Click on the  to save your work.

Card Front Image:

Card Back Image:

Card Front&Back Image:

CONTACTS TAB

Athlete Information Menu Logout

General Medical History Immunizations/Paperwork Insurance **Contacts** Athlete Forms eFiles

Emergency Contacts

Emergency Contacts: **+Add** Edit Delete Refresh

Contact Order	Contact Name / Relationship / Email / Employment	Phone #	Notes
No records found.			

Verify Emergency Contact Information I verify that the emergency contact information above is correct and up to date. This is only required if no changes have been made.

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This tab is for your emergency contacts. Please include at least your parents / guardians and one other contact. This will only be used in care of an emergency.

As before click on the “Add” button to start.

When you click ‘Add’ the screen below will pop up. Fill it out completely so that we can contact whomever we need to contact if the need arises, click the check mark to save your work.

Add new item [X]

Add new item

Name: Mom Or Dad

Contact Order: 1

Relationship: Mom or Dad

Primary Phone: 555-123-4567

Cell: 555-987-6543

Work Phone: 555-456-6543

Email: mom@dadmail.com

Employed:

Employer Name: Where they work

Notes: Anything you would like us to know about this contact.

ATHLETE FORM TAB

Athlete Information Menu Logout

General Medical History Immunizations/Paperwork Insurance Contacts **Athlete Forms** eFiles

Athlete Forms

Hide Submitted Forms

Form Name	Date/Time Form was Saved	Show Details
No records found.		

Please choose a form name and click New to start a new form. Choose a form name and a date to view that existing form. Read all questions and click Yes/No, enter a range value or enter an explanation to those that apply.
* Items required to be filled out.

Form Name: Code of Conduct **New** Save Print/View
Date: No entries found for form

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Please fill out all the forms on this tab completely and sign at the bottom. It is important that you understand the information contained in these forms as they outline expectations, guidelines and policies of the Athletics Department here at NJC. Click on the Dropdown menu and select a form to fill out. Then click on new.

eFiles Tab

Athlete Information Menu Logout

General Medical History Immunizations/Paperwork Insurance Contacts Athlete Forms **eFiles**

Electronic Files

Click the Download button for the file you wish to view.
Electronic Files provided by the athletic training staff.
Electronic Files uploaded by the athlete.

Upload an Electronic Document:

Description:
File: Browse... Upload

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Use the eFiles tab to upload a copy of your current physical.