



# ATS Profile Set-Up Instructions: Incoming Freshmen

The CBHS Sports Medicine staff is now using an electronic injury management software system called ATS. In order for your athlete's profile to be created in our database, we are asking that you follow the instructions below to set it up. This will allow us to better document injuries, treatments, and rehabs and keep accurate records on the athletes here at Christian Brothers! Beginning April 15, you will also be able to use this site to turn in your son's physical paperwork that is required for participation in athletics here at CBHS for the upcoming school year.

## Step 1:

Website: [cbhs2.atsusers.com](http://cbhs2.atsusers.com)

User: new

Password: new

Click Login

The screenshot shows the login interface for the Athletic Trainer System (ATS) Athlete Portal. At the top, it says "Athletic Trainer System ® Athlete Portal Login". Below this is the Christian Brothers High School logo and name. There are two rows of small images showing athletic training scenes. The main login area includes the ATS logo, a form with fields for "Athlete ID:" (containing "new"), "Password:" (containing "new"), and "Database:" (containing "atscbhs"). A "Login" button is to the right of the form. Below the form is a link that says "Forgot your Username or Password?". At the bottom, there is a red text warning: "If you have ANY questions or problems you need to contact your sports medicine staff at your school." Another row of small images is at the bottom. The footer contains the text "atscbhaATS Athlete Portal Version 2.0.0.0 Copyright © 2016, Keffer Development Services, LLC".

Please complete all Yellow boxes:

- Organization: CBHS
- Team: **Incoming Freshmen**
- Name
- Gender
- Date of Birth
- Athlete's phone number
- Athlete's email address
- Address
- Year: **Incoming Freshman**
- Medical Alerts (diabetes, asthma, etc.)
- Allergies
- You may fill out any other information (Twitter tag, blood type, race, etc) you choose.

When you reach the highlighted boxes titled Athlete ID and Password (circled), you will create your own ID and password – **remember this new ID and password for future use!** This is what you will use to login in the future to complete your pre-participation paperwork.

After entering your personal information, click on the Insurance and Contacts tab and fill out the Yellow boxes on those pages as well.

#### Required Insurance Information:

- Name of insurance company
- Insurance Type
- Payor # (1 = primary holder, 2 =secondary, etc.)
- Group #
- Policy ID #
- Policy holder information

#### Required Emergency Contact Information:

- Contact Name
- Relationship of contact
- Cell phone number
- At least 1 email address

The more information you are able to provide us with will allow for better communication in the event of an emergency.

**DO NOT CLICK SAVE UNTIL ALL 3 TABS HAVE BEEN COMPLETED! It will not allow you to save until every yellow box is filled in!!!**

## Step 2:

After you save that information, it will allow you to access more tabs across the top of that page. Please provide at least 1 additional Emergency Contact (circled). **If nothing happens when trying to add emergency contact information please make sure your pop-up blocker is turned OFF, then try the "Add" button again. You should then be able to enter that information.**



**Athlete Information - CHRISTIAN BROTHERS HIGH SCHOOL**

General | Medical History | Paperwork | Insurance | **Contacts** | Forms | eFiles

### Emergency Contacts

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

Contact Order	Contact Name / Relationship / Email / Employment
1	Mrs. Sample Mom mrssample@sampleemail.com Not Employed

Verify Emergency Contact Information | I verify that the emergency contact information above is correct and up to date. This i

ATS | Database: atscbhs | ATS Athlete Portal Version 2.0.0.0  
Copyright © 2016, Keffer Development Services, LLC



**Athlete Information - CHRISTIAN BROTHERS HIGH SCHOOL**

General | Medical History | Paperwork | Insurance | **Contacts** | Forms | eFiles

### Emergency Contacts

Emergency Contacts: Edit | Delete | Refresh

Add new item

Add new item

Name:

Contact Order:

Relationship:

Primary Phone:

Cell:

Work Phone:

Email:

Employed:

Employer Name:

Notes:

Click the box with a checkmark to save the additional Emergency Contact information.

### Step 3:

**AFTER April 15**, you may begin completing your son's paperwork for the next year. The paperwork can be found under the tab titled *Athlete Forms*.

1. From the drop down box labeled "Form Name," select whichever form you are trying to complete.
2. Click New.
3. Read the information and then click "Yes" or "No" where needed.
4. Athlete –
  - a. Sign in the top box using your mouse
  - b. Type your name in the box below
  - c. Click Sign
5. Parent –
  - a. Sign in the bottom box using your mouse
  - b. Type your name in the box below
  - c. Click Sign
6. Now you can click Save at the very bottom of the page.
7. After you click "OK," you should see it listed with a time and date stamp with any other forms you have completed online.
8. Repeat this process for each of the 4 different forms

After each form is completed, it will show a record of that at the top of the *Athlete Forms* page.

**Athlete Information** Menu Logout

General Medical History Insurance Contacts **Athlete Forms** eFiles

### Athlete Forms

Hide Submitted Forms

Form Name	Date/Time Form was Saved	Show Details
Concussion Form	2/5/2015 3:13:59 PM	<a href="#">Show Details Below</a>
Pre-Participation Health History	2/5/2015 2:24:34 PM	<a href="#">Show Details Below</a>
Consent Form	2/5/2015 12:13:53 PM	<a href="#">Show Details Below</a>

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:

Date:

**\*Note: Make sure to print a copy of the Pre-Participation Health History form after completing it, and take that with you to give the doctor during your son's physical.**

A downloadable copy of the physical can be found under *eFiles*. Print that off for the doctor to complete and sign during your son's physical. After the physical, please scan it and upload it back to this page.

**Athlete Information** Menu Logout

General Medical History 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.

Type	Description	Instructions	View
Pre-Participation Forms	Physical Form	Please download the form, have it completed and signed by a physician, then take a picture or scan it and upload it back to this page. Thank you!	

Electronic Files uploaded by the athlete.

Upload an Electronic Document:

Description:

File:  No file chosen

ATS Database: atscbhs | ATS Athlete Portal Version 2.0.0.0 Copyright © 2015, Keffer Development Services, LLC Menu Logout

Please contact the athletic training staff or come by the athletic training room with any questions.

Thank You!

CBHS Sports Medicine Staff,

Chris Attaway, MS, ATC, CSCS  
[cattaway@campbellclinic.com](mailto:cattaway@campbellclinic.com)  
(405) 314-4831

Eric Isom, ATC, PES  
[eisom@campbellclinic.com](mailto:eisom@campbellclinic.com)  
(901) 486-6564