

# 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: <u>cbhs2.atsusers.com</u> User: new Password: new Click Login



General Insurance * Cont	act *				
Yellow colored items are required to be t	illed out.				
Select Organization: CBHS Select Team 1: CBHS Men	Dowling				
Select Team 2:	bowning				
Select Team 3:					
Name:	Sample	Sample			
nume.	(First)	(MI) (Last)			
Gender:	Male	(mi) (Lasy			
			DOB: 7/7/2016 Format must be mm/dd/yyyy		
Phone:	(999) 999-9999		Cell:		
Email:	sample@sampleemail.c	com			
Text Address:			one Carrier Domain Info		
	(1234567890@domain.con	n)			
Twitter Tag:					
Address:	1234 Sample Cv				
Address.					
City:	Memphis	18	State/Province: TN		
	38120	-1	Country:		
Zip Code:	38120		country.		
Additional Address:					
City:			State/Province:		
			Country:		
Zip Code:			country.		
Athlete ID: CBrothers		Upload Athlete Photo:			
Used to log into the ATS Athlete Po	rtal and Kiosk.				
Alternate ID:		No			
Alternate ID:		_110			
Password: sample		<b>N</b> о Рното			
		AVAILABLE			
Year: Incoming Freshman 🔻		AVAILABLE			
Blood Type:					
Driver #:	(Sugge	sted Size: 160x200 and	< 1MB)		
Passport #:		File No file chosen			
Race:	✓ Ethnicity:	And	<b>*</b>		
Marital:	- Employed:				
	. Employed.				
Medical Alerts (Size limit 200)		<b>T</b>			
Diabetic, High blood pressure	, etc.				

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.

in Ai	thlete Information	) - CHRIS	TIAN BR	OTHERS I	нан всно	DOL		
Genera	al Medical History Pape	rwork In	surance	Contacts	Forms	eFiles	)	
Emer	gency Contacts					201		
Emerge	ency Contacts: 🛛 🕀 Add // Edit	Delete	GRefresh					
Contact Order		Cor	itact Name / R	elationship / Em	ail / Employment			
1	Mrs. Sample Mom mrssample@sampleemail.com Not Employed	i						
Verify E	mergency Contact Information	l verify that	the emerg	ency contac	ct informatio	n above is	correct an	nd up to date. This
<b>İ</b> s					se: atsobhs   / ight©2016, Kr			

General M	edical History	Paperwork	Insurance	Contacts	Forms	eFiles
Emergency	Contacts					
Emergency Cont	lacts: 🏾 🦯 Ed	lit 👩Delete 🜖	Refresh			
Add new item Add new item Name: Contact Order: Relationship: Primary Phone: Cell: Work Phone: Email: Employed: Employer Name:					I	nt ion above is correc   ATS Athlete Portal V Keffer Development S
Notes:	E					

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 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.

General Paperworl	Insurance	Contacts	Forms	eFiles			*Note: Make sure to prin
Forms Hide Submitted Form	6						a copy of the Pre- Participation Health
Form Name		Date/Time For	m was Saved		Show Details		•
<ul> <li>Year: 2016</li> </ul>						_	History form after
Concussion Form		3/15/2016 3:15	5:33 PM		Show Details Below	_	completing it, and take
Sudden Cardiac Arrest		2/24/2016 2:02	2:23 PM		Show Details Below		that with you to give the
Consent Form		2/24/2016 2:00	2/24/2016 2:00:01 PM		Show Details Below	_	
Sudden Cardiac Arrest		2/24/2016 1:58:26 PM			Show Details Below		doctor during your son'
<ul> <li>Year: 2015 (Sh</li> </ul>	owing 1 of 3 items	Group continu	les on the n	ext page.)		_	physical.
Concussion Form		2/5/2015 3:13:	59 PM		Show Details Below	_	physical.
Change page: 📕	• • •				Page 1 of 2, items 1 to 5 of 7.		
Page Size 5 🔻							
Please choose a form questions and click Y titems required to b	es/No, enter a ran				m name and a date to view that existin lose that apply.	ng form. Read all	
Form Name:			T		New	Save Print/View	
Date:		•					

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.

<u>.</u>	Athlete Information									
Gen	eral Medical History	Insurance	Contacts	Athlete Forms	eFiles					
El	Electronic Files									
	Click the Download button for the file you wish to view.									
	Electronic Files provided by the athletic training staff.									
	Туре	De	scription		Instr	uctions	v	iew		
P	Pre-Participation Forms	Physic	al 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!				0		
	Electronic Files uploaded by the athlete.									
	Upload an Electronic Document:									
	Description: File: Choose File No file chosen Upload									
<b>A</b> s	Database: atscbhs   ATS Athlete Portal Version 2.0.0.0 Menu Logout Copyright © 2015, Keffer Development Services, LLC									

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

Thank You!

CBHS Sports Medicine Staff,

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