



ATS Profile Set-Up Instructions: Current Athletes

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: If you have NEVER logged into this site before, begin here. Otherwise, skip to Step 2.

Website: cbhs2.atsusers.com

User: new

Password: new

The following information is REQUIRED:

- Organization: CBHS
- Team: Select appropriate team(s)
- Name
- Date of Birth
- Athlete's phone number
- Athlete's email address
- Address
- Year: Your current year in school
- Medical Alerts (diabetes, asthma, etc.)
- Allergies
- Current photo
- 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.

Click SAVE at the bottom of this page when you finish entering your information!

Step 2: Begin here if you previously logged into this site.

After you save the above information, it will allow you to access more tabs across the top of that page. These tabs will already be here if you have already created your profile. We need you to fill out the information on the "Insurance" and "Contacts" tabs (circled). **If nothing happens when trying to add emergency contact or insurance 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 Menu Logout

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

Yellow colored items are required to be filled out.

Name: Chris Attaway
(First) (MI) (Last)

Gender: Male

DOB: 10/20/1986 Format must be mm/dd/yyyy

Phone: (405) 314-4831 Cell:

Email: cattaway@campbellclinic.com

Text Address: [Cell Phone Carrier Domain Info](#)
(1234567890@domain.com)

Twitter Tag:

Address: 5900 Walnut Grove Rd.

City: Memphis State/Province: Tennessee

Zip Code: 38120 Country:

Athlete Information Menu Logout

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

Insurance

Insurance: **+ Add** Edit Delete Refresh

Payor#	Plan Info & Physician (PCP)	Policy Holder Information
(1 = Primary)		

No records found.

Add a New Insurance Company 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.

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

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

Athlete Information Menu Logout

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

Insurance

Insurance: Add Insurance Information

Payor# (1 = Primary)

No records found.

Add a New Insurance find your insurance window. Then click company to the list.

ATS

Add Insurance Information

Add Insurance Information

Company:

Ins. Type:

Payor# (1 = Primary):

Co. Phone:

Plan:

Plan Type:

CoPay:

ID #:

Group #:

Deductible \$:

or Deductible (in words):

Primary Care Physician:

Physician Phone:

Policy Holder First Name:

Policy Holder Middle Name:

Policy Holder Last Name:

Policy Holder DOB:

Required Insurance Information (ask your parents if you do not know it – we NEED this information):

- Name of insurance company
- Insurance Type
- Payor # (Enter 1 in this box)
- Group #
- Policy ID #
- Policy holder information

Click the box with a checkmark to save your insurance information.

Required Emergency Contact Information:

- Minimum of 2 emergency contacts (each parent may count as a separate contact), preferably 3
- Relationship of contact
- Cell phone number
- At least one email address

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

Click the box with a checkmark to save your emergency contact information.

Step 3:

AFTER April 15, you may begin completing your 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.

Athlete Information - CHRISTIAN BROTHERS HIGH SCHOOL

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

Forms

Hide Submitted Forms

Form Name	Date/Time Form was Saved	Show Details
▼ Year: 2016		
Concussion Form	3/15/2016 3:15:33 PM	Show Details Below
Sudden Cardiac Arrest	2/24/2016 2:02:23 PM	Show Details Below
Consent Form	2/24/2016 2:00:01 PM	Show Details Below
Sudden Cardiac Arrest	2/24/2016 1:58:26 PM	Show Details Below
▼ Year: 2015 (Showing 1 of 3 items. Group continues on the next page.)		
Concussion Form	2/5/2015 3:13:59 PM	Show Details Below

Change page: [Navigation icons] Page 1 of 2, items 1 to 5 of 7.

Page Size 5 ▼

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 or take a picture 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

Database: atscbhs | ATS Athlete Portal Version 2.0.0.0
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Menu Logout

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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cattaway@campbellclinic.com
(405) 314-4831