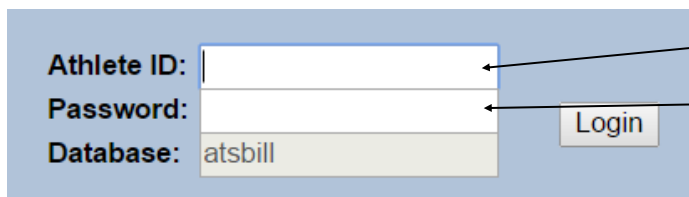


ATS Web Portal – Entering a New Athlete

Start your Internet browser (Internet Explorer, Google Chrome, Safari, or Firefox)

Enter your athlete portal address: ***yourorganization2.atsusers.com***

For example for ATSyourschool, enter ***yourschool2.atsusers.com***



Athlete ID:

Password:

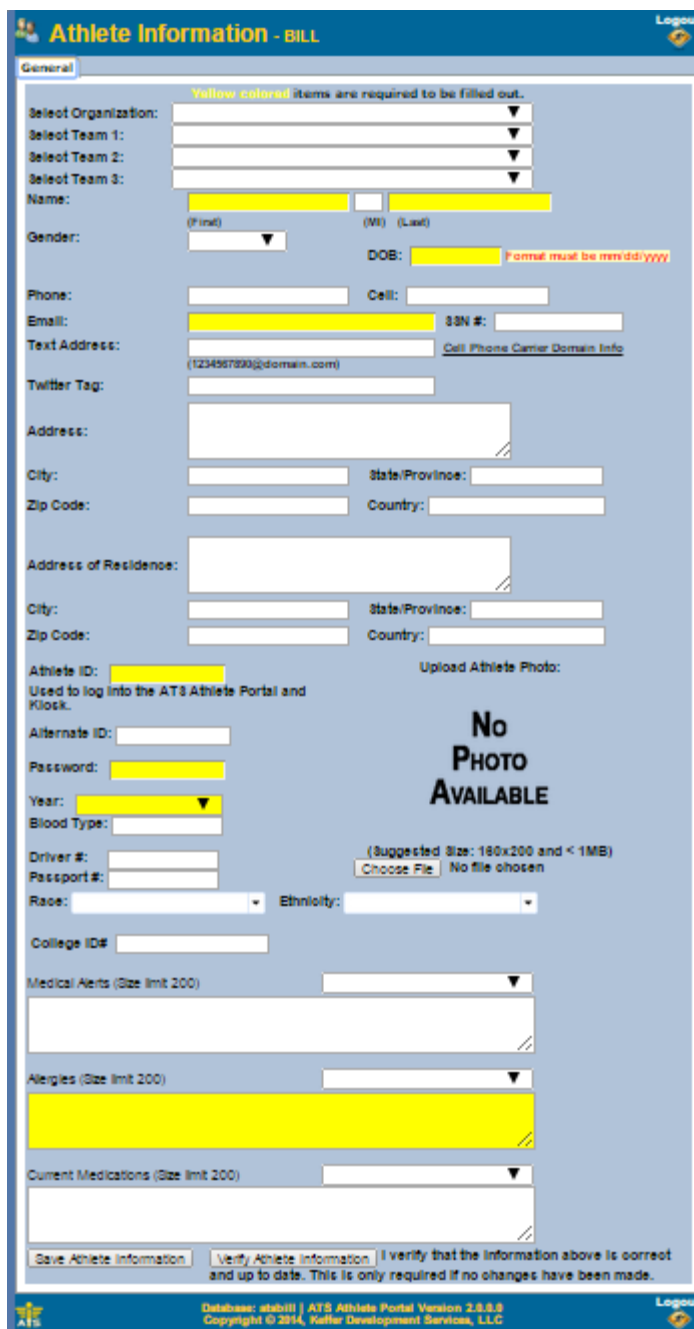
Database: atsbill

Login

Enter “NEW” for the user name

Enter “NEW” for the password

Athletes choose a team, enter a first name, last name, gender, birth date, email address, password, year and anything else highlighted in **YELLOW**. These fields are required. (Set by an Administrator in the Core at Admin-Set Required-Fields) Once you have completed entering your information, click the “Save” button. A confirmation email with your login ID and password will be sent to you.



Athlete Information - BILL

General

Yellow colored items are required to be filled out.

Select Organization:

Select Team 1:

Select Team 2:

Select Team 3:

Name:

Gender: DOB: Format must be mm/dd/yyyy

Phone: Cell:

Email: SSN #:

Text Address: Cell Phone Carrier Domain Info

Twitter Tag:

Address:

City: State/Province:

Zip Code: Country:

Address of Residence:

City: State/Province:

Zip Code: Country:

Athlete ID: Upload Athlete Photo: **No PHOTO AVAILABLE**

Alternate ID:

Password:

Year:

Blood Type:

Driver #: (Suggested size: 160x200 and <1MB)

Passport #: No file chosen

Race: Ethnicity:

College ID#:

Medical Alerts (Size limit 200)

Allergies (Size limit 200)

Current Medications (Size limit 200)

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

Database: atsbill | ATS Athlete Portal Version 2.8.8
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Once the Athlete selects save, the tabs shown below will appear. They may now update the rest of their information, including the insurance information, emergency contacts and pre-participation information.

Athlete Information Menu Logout

General Medical History Immunizations/Paperwork Insurance Contacts Athlete Forms eFiles

Yellow colored items are required to be filled out.

Name:
(First) (MI) (Last)

Gender:
DOB: Format must be mm/dd/yyyy

Phone: Cell:

Email: SSN #:

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

Twitter Tag:

Custom Addr Name 1:

City: State/Province:

Zip Code: Country:

Custom Addr Name 2:

City: State/Province:

Zip Code: Country: