

## Athletic Trainer System Athlete Portal Login

How to enter your information into the Athletic Trainer System for the first time:

**PLEASE! Follow these directions closely so everything gets entered correctly.**

If you have any problems with this, please contact Jami Rogers, the Head Athletic Trainer.  
[jami.l.rogers@lawrence.edu](mailto:jami.l.rogers@lawrence.edu)

1. Go to <https://www.atsusers.com/atsweb/login.aspx?db=atslu>  
If you cannot click on the link, copy and paste it into the browser's address bar.

You should bookmark this address for future use.

2. You should now see the page below, enter "new" for the Athlete ID and Password.  
Then click "login".

**Athletic Trainer System ® Athlete Portal Login**

Athlete ID:

Password:

Database:

[Forgot your Password?](#)

Database: atslu | ATS Athlete Portal Version 2.0.0.0  
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- Start entering your information starting with your team(s). If you participate with more than one team, start with the first team of the year and work your way through the seasons (i.e.: fall teams are first, winter second, spring third). If you participate on more than 3 teams, enter the first three and we will manually enter the extras in the Athletic Training room. Fill out the rest of the sheet as described on the next page and then click "Save Athlete Information." Your primary information has all been entered in the system now.

**Athlete Information - LAWRENCE UNIVERSITY**
Logout

Tan colored items are required to be filled out.

Select Team 1:	<input type="text" value="Women Soccer"/>	▼
Select Team 2:	<input type="text" value="Women Swim and Dive"/>	▼
Select Team 3:	<input type="text"/>	▼
Name:	<input type="text" value="Jami"/> <input type="text" value="L"/> <input type="text" value="Rogers"/>	
	(First) (MI) (Last)	
Gender:	<input type="text" value="Female"/>	
	DOB: <input type="text" value="09/29/2000"/>	Format must be mm/dd/yyyy
Phone:	<input type="text" value="920-920-9200"/>	Cell: <input type="text" value="920-921-9211"/>
Email:	<input type="text" value="jami.l.rogers@lawrence.edu"/>	SSN #: <input type="text" value="555555555"/>
Text Address:	<input type="text"/>	Cell Phone Carrier Domain Info (1234567890@domain.com)
Twitter Tag:	<input type="text"/>	
Permanent Address:	<input type="text" value="123 Anywhere Drive"/>	
City:	<input type="text" value="Appleton"/>	State/Province: <input type="text" value="Wisconsin"/>
Zip Code:	<input type="text" value="54914"/>	Country: <input type="text" value="United States"/>
LU Address:	<input type="text" value="711 E Bold Way SPC 16"/>	
City:	<input type="text" value="Appleton"/>	State/Province: <input type="text" value="WI"/>
Zip Code:	<input type="text" value="54911-5699"/>	Country: <input type="text" value="United States"/>

This is your Home Phone #

Please include your SPC # AND building and room #

Athlete ID:  Create a user name for this account you will remember

Used to log into the ATS Athlete Portal and Kiosk. Upload Athlete Photo.

Alternate ID:  LU ID # ...THIS IS REQUIRED!!!!

Password:  Create your own password you can remember

At least 8 characters using numbers and letters

Year:

Blood Type:

Driver #:

Passport #:

(Suggested Size: 160x200)

No file chosen

Medical Alerts (Size limit 200)

Asthma,

Allergies (Size limit 200)

Nuts- With ingestion, have epi-pen

Current Medications (Size limit 200)

Pulmicort,

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

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You have the option to upload a photo, if you do, please make sure it is a decent head shot.

You may choose from the dropdown list, or write in your own for Medical Alerts, Allergies, and Medications.

For any allergies, please explain your reaction next to the allergy.

If you have no Alerts, Allergies, or Meds, write "none"

- After you click "Save Athlete Information", additional tabs will show up at the top of the screen. \*\*\*If they do not show up right away, logout, restart your browser, then log-in again. They all should be there now

**Athlete Information** Menu Logout

5. Start with the “Medical History” tab. If you have had any **Surgeries**, list the details here. Click “+Add” and a pop-up will show for you to enter details. Repeat this step for each surgery you have had.

**Athlete Information** Menu Logout

General **Medical History** Immunizations Insurance Contacts Athlete Forms Electronic Files

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.					

**Athlete Information** Menu Logout

General **Medical History** Immunizations Insurance Contacts Athlete Forms Electronic Files

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: Edit

**Add new item**

Add new item

Surgery Date: 10/1/2012

Therap Completed:

Body Part: Ankle

Doctor:

Hospital & City:

Procedure & Notes:

Enter the surgery date. If you have completed rehab for that surgery, enter the date it was completed, otherwise leave blank.

Enter the Body Part

Who performed the surgery?

Where was the surgery done?

What was done? Wisdom teeth removal, ACL reconstruction, etc.? Please be as detailed as you can.

Click the check mark when finished.

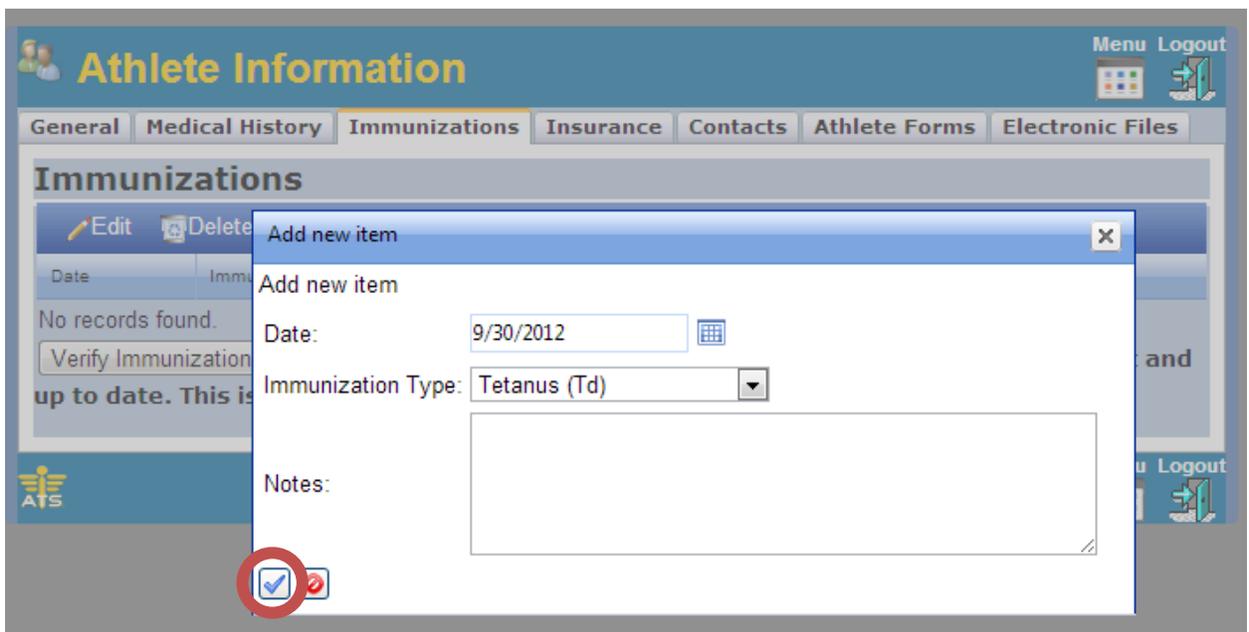
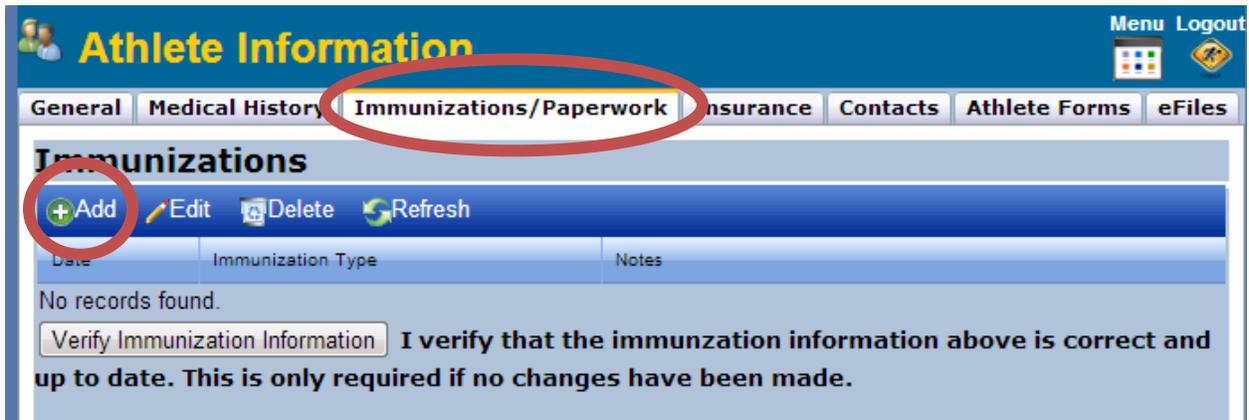
Do you have Asthma?

Have you developed heart trouble/murmur?

6. Next, below the surgeries, answer the **Medical Questions**. If you answer “YES” to any questions, please explain in the box provided.

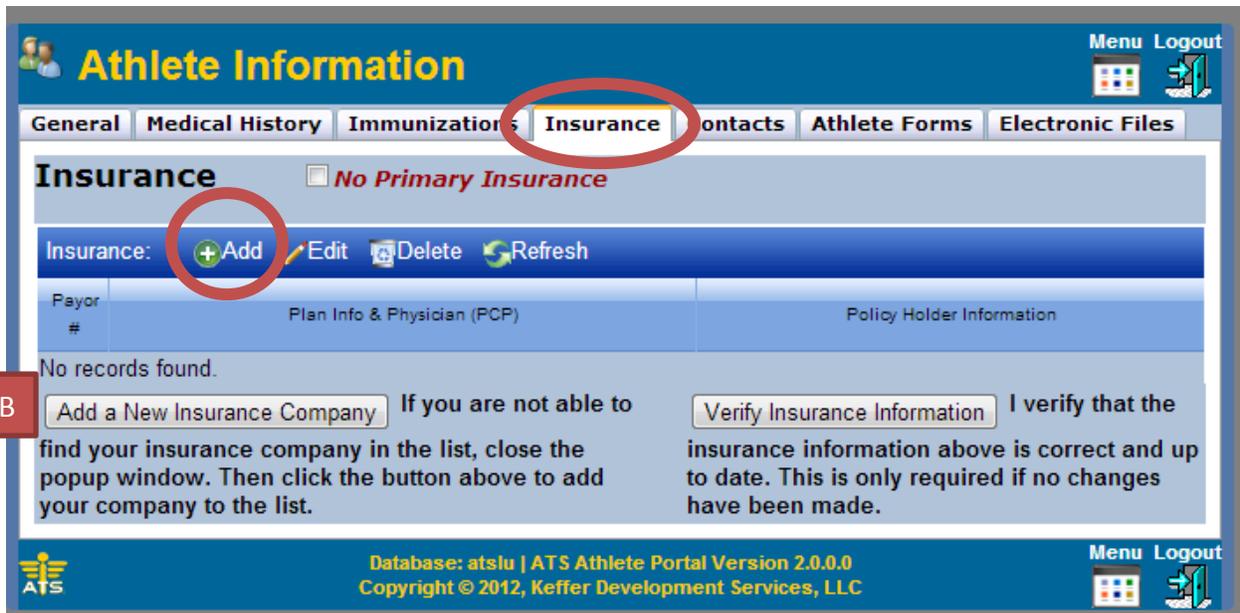
7. If you have any other important medical information we need to know about, please tell us in the **Other Medical Notes** section.
8. Next we will enter your immunizations, click on the **Immunizations/Paperwork** tab at the top. Then, click "+Add" to add an immunization and date. The following immunizations must be recorded, please list the most recent date of shot. For immunizations that require multiple doses, please select the imm/dose # under type and record dates for all require doses.

**Tetanus (Td or TdaP), Polio, Measles, Mumps, Rubella, Hepatitis B**  
Other immunizations are optional and may be recorded if you wish.



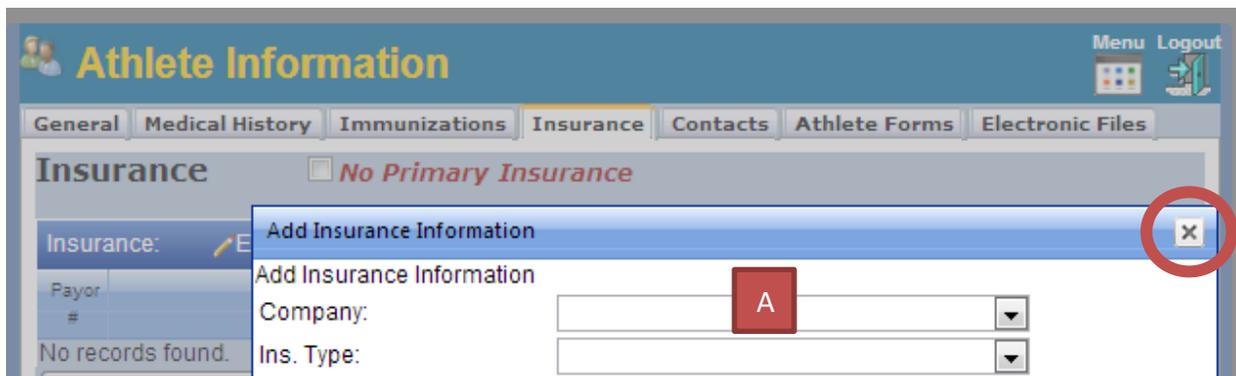
9. After you have entered the immunization, click on the check mark to save your information. **Repeat steps 8 and 9 until all immunizations have been entered.**

10. Next we will enter your insurance information. Click on the **Insurance** tab at the top. Then, click “+Add” to add an insurance policy.



If your insurance company is in the list (A), proceed to Step 11.

If you are not able to find your insurance company in the list (A), close the popup window. Then click “Add a New Insurance Company” (B) to add your company to the list. Then go back and click “+Add”. Your insurance company should now be in the dropdown box.



11. Fill in your insurance information. Please try to fill all of the blanks as described on the next page. Blanks with an ★ are required. We require copies of the insurance cards front and back for all policies, in this step, there is the opportunity to upload images directly to your account (if you don't do this, we still need a copy on file). Click the check box at the end to save your information.

Repeat steps 10-11 for ALL insurance policies (primary, secondary, dental, vision, etc)

# Athlete Information

Menu Logout

General Medical History Immunizations Insurance Contacts Athlete Forms Electronic Files

## Insurance No Primary Insurance

Insurance: E  
Payor #  
No records found.  
Add a New Insurance  
find your insurance window. Then click company to the list.



### Add Insurance Information

#### Add Insurance Information

Company:  ★

Ins. Type:  ★

Payor #:  ★

Co. Phone:  ★

Plan:

Plan Type:  ▼

CoPay:

ID #:  ★

Group #:  ★

Primary Care Physician:  ★

Physician Phone:  ★

Policy Holder First Name:  ★

Policy Holder Middle Name:

Policy Holder Last Name:  ★

Policy Holder DOB:  ★

Policy Holder SSN:  ★

Policy Holder Gender:  ▼

Policy Holder Relation:  ★ ▼

Policy Holder Street:

Policy Holder City:

Policy Holder State:

Policy Holder Zip:

Policy Holder Phone:  ★

Policy Holder Employer:  ★

Card Front Image:

Card Back Image:

Card Front&Back Image:

Primary Policy =1  
Secondary Policy=2



If you are on your parent's policy, choose **CHILD**

If you are on your own policy, choose **SELF**



You can upload front and back images separately

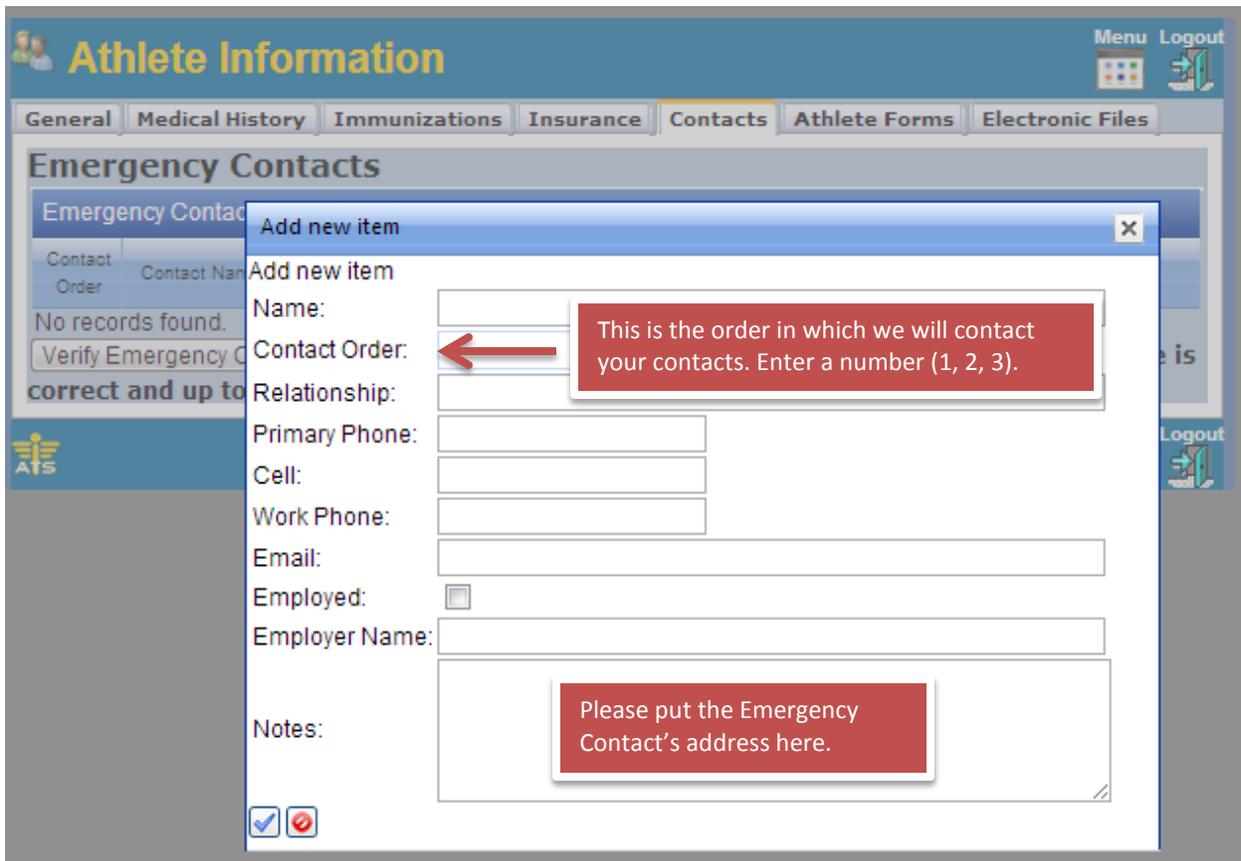
Or together



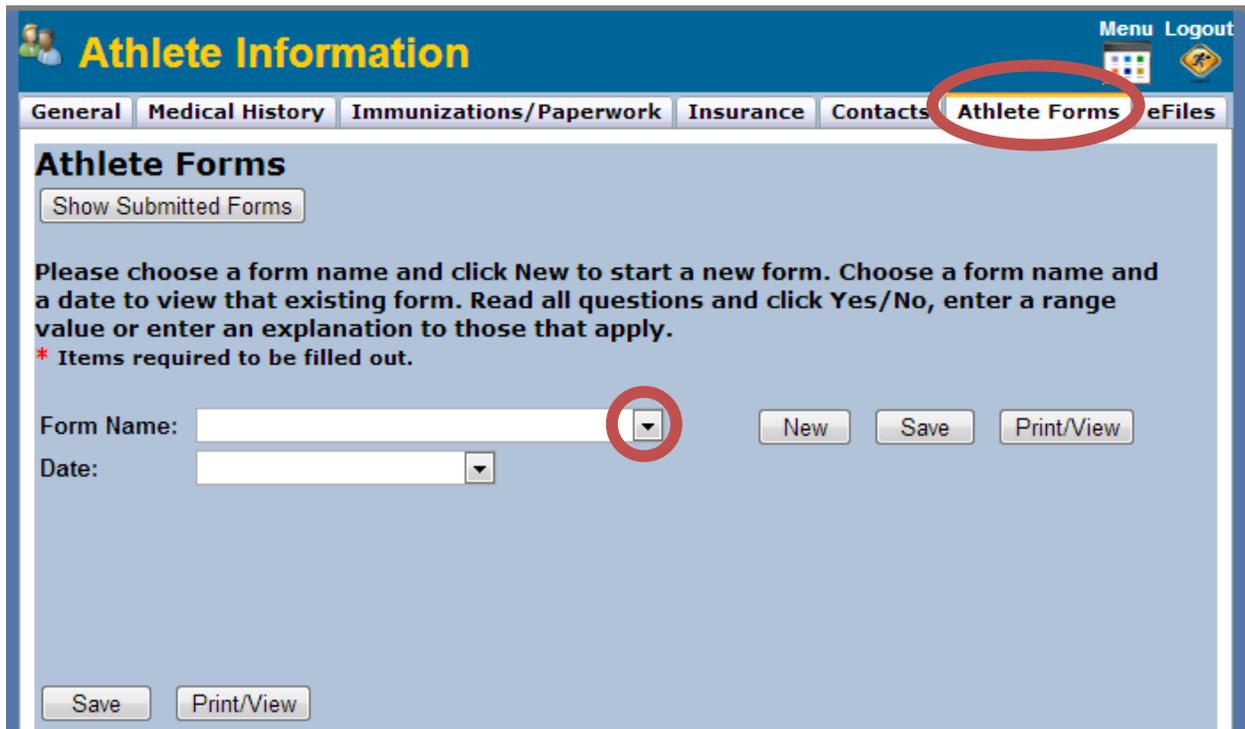
12. Next you will enter your emergency contact information. Click on the **Contacts** tab. Then click "+Add" to add a new emergency contact.



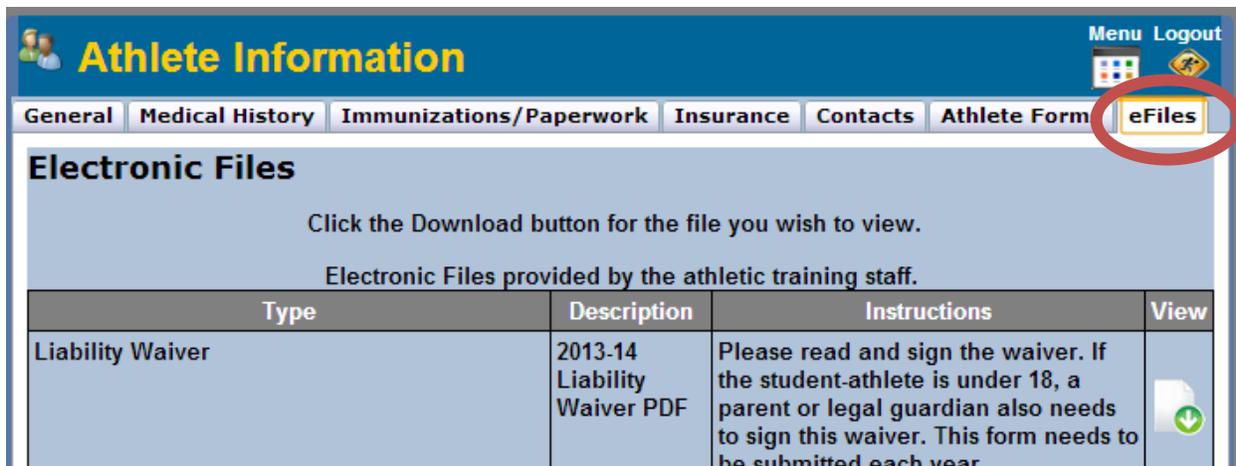
13. Enter the Emergency Contact Information. Please try to fill all of the blanks. Repeat steps 12-13 to add additional contacts. **At least two contacts are required** but you can put as many as you would like.



14. Next, there are some Athlete Forms you need to fill out. Click the **Athlete Forms** tab on the top. Then click the box for “Form Name”. There will be a few forms that you can choose from. Click the form name you wish to work on and then click “New”. The form will then be shown below. Complete the form and then click “Save”. This form has now been completed and is saved to your profile. Repeat this step for all forms listed on the checklist.



15. Next there are some Electronic Files for you to download. Click the **eFiles** tab on the top. There will be a list of several documents we have uploaded for you. To view them, click the icon in the View column. You now have the option to save or print the PDF file. Refer to your checklist for the forms that need to be filled out and returned.



16. At the bottom of this page there is an area for uploads. You can return these eFiles and any other documents by uploading them here after they have been completed. After you upload them, they will remain in the portal at the bottom of this page.

 **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.

Type	Description	Instructions	View
Liability Waiver	2013-14 Liability Waiver PDF	Please read and sign the waiver. If the student-athlete is under 18, a parent or legal guardian also needs to sign this waiver. This form needs to be submitted each year.	
Authorization for Disclosure	2013-14 Authorization for Disclosure PDF	Please read and sign the authorization. If the student-athlete is under 18, a parent or legal guardian also needs to sign. This form needs to be submitted each year.	
Conditions of Participation (Insurance Waiver)	2013-14 Conditions of Participation PDF	Please read and sign the waiver. The policyholder on the student-athlete's insurance must sign this form. This form needs to be submitted each year or when an insurance policy change takes place.	
Banned Substance Exception	Banned Substance Exception Attachment PDF	This form is for your review and education. If you are taking any banned substances, please follow the directions and submit the proper documentation.	

Electronic Files uploaded by the athlete.

Upload an Electronic Document:

Description:

File:  No file chosen

 **ATS**
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Menu [Logout](#)

17. Next, you can check your paperwork status at any time. Go to the **Immunizations/Paperwork** tab. Below the immunizations is an area that will show your “paperwork” that has been turned in and reviewed by staff. Use the arrows at the bottom to scroll through the different pages of paperwork. Your paperwork status will be updated after the Athletic Training Staff has had time to review your paperwork. Read the comments, this will provide you with information regarding missing or incomplete documents.

The screenshot displays the 'Athlete Information' portal. The 'Immunizations/Paperwork' tab is selected and highlighted with a red circle. Below the 'Immunizations' section, there is a 'Verify Immunization Information' button and a message: '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 contains a table with the following items:

Paperwork	Submitted	Comment
Athlete Medical Access (Form)	<input type="checkbox"/>	
Authorization for Disclosure (e-File)	<input type="checkbox"/>	
Conditions of Participation Waiver	<input type="checkbox"/>	
Insurance Card Copy	<input type="checkbox"/>	
Liability Waiver (e-File)	<input type="checkbox"/>	

At the bottom of the paperwork section, the 'Change page' navigation controls are circled in red, showing arrows for navigation. The page status is 'Page 1 of 3, items 1 to 5 of 15.' The footer includes the ATS logo, database information, and copyright notice: 'Database: atslu | ATS Athlete Portal Version 2.0.0.0 Copyright © 2013, Keffer Development Services, LLC'.

18. You have now completed the initial set-up. Just double check to make sure all your information is correct, then you can return to the main **Menu** and explore of features of the Athlete Portal. When you are through, make sure you **Log Out**. You can return to this portal at any time to make changes to your information, upload new documents, check your paperwork status, request and appointment, or report and injury.