

## 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!

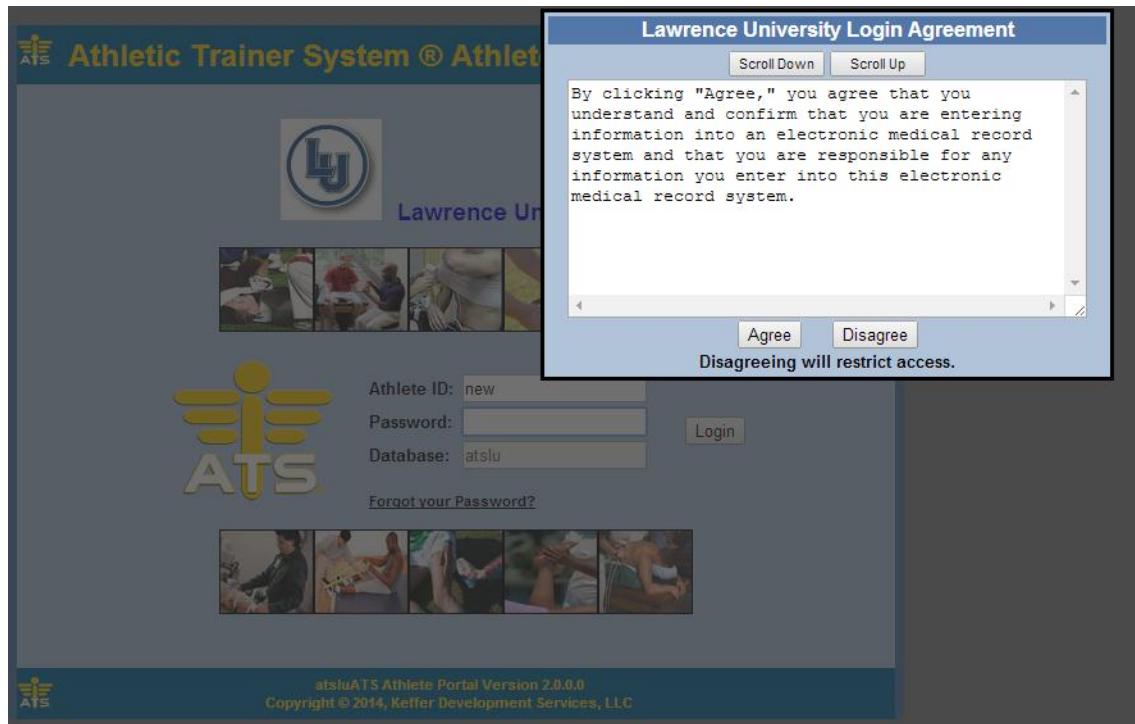
Failure to do so will leave you ineligible due to incompleteness.

If you have any problems with this, visit the [Athlete Portal FAQ page](#) or contact Jami Rogers, the Head Athletic Trainer at [jami.l.rogers@lawrence.edu](mailto:jami.l.rogers@lawrence.edu) or 920-832-6762

1. Follow the link below. **DO NOT USE INTERNET EXPLORER!** Use Firefox, Chrome or Safari.  
<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. Disable your pop-up blocker. (Normally under "Tools" or "Settings" in your browser.)
3. You should now see the page below, enter "new" for the Athlete ID and Password.  
Then click "Login".

The screenshot shows the login interface for the Lawrence University Athletic Trainer System. At the top, there is a logo for Lawrence University Athletics and a banner with five small images related to sports and training. Below the banner, there is a large yellow ATS logo. The login form contains fields for Athlete ID, Password, and Database, each with placeholder text ('new', '...', and 'atslu' respectively). A red arrow points from a callout box containing the text 'Enter "new"' to the Athlete ID field. To the right of the password field is a 'Login' button. At the bottom of the form is a link 'Forgot your Password?'. Below the login form, there is another row of five small images. At the very bottom of the page, there is a footer bar with the ATS logo and the text 'atsluATS Athlete Portal Version 2.0.0.0 Copyright © 2014, Keffer Development Services, LLC'.

4. View the “Login Agreement”. Click “Agree” to continue.



5. 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 pages and then click “Save Athlete Information.” Your primary information has all been entered in the system now.

\*International Students without an SSN please enter 000000000 (9 zeroes).

If you do not know your Dorm Room or SPC number, you can leave that information out temporarily and enter in when you receive it.



## Athlete Information - LAWRENCE UNIVERSITY

Logout

### General

Yellow colored items are required to be filled out.

Select Team 1:

Women Basketball

Select Team 2:

Select Team 3:

Name:

Jami L Rogers

(First)

(MI) (Last)

Gender:

Female

DOB: 5/12/2014

Format must be mm/dd/yyyy

This is your Home Phone #

Phone:

999-999-9999

Cell: 888-888-8888

Email:

jami.l.rogers@lawrence.edu

SSN #: 333333333

NO DASHES!

Text Address:

[Cell Phone Carrier Domain Info](#)

(1234567890@domain.com)

Twitter Tag:

123 Apple Way

APT 2

Permanent Address:

City:

Somewhere

State/Province: WI

Zip Code:

54983

Country: United States

LU Address:

Coleman Hall #27  
711 E. Boldt Way SPC 2568

Please include your SPC # AND building and room #

City:

Appleton

State/Province: WI

Zip Code:

54911-5699

Country: USA

Continued on next page

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

Used to log into the ATS Athlete Portal and Kiosk.

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

Password:  Create your own password you can remember

Year:  Blood Type:

Driver #:  (Suggested Size: 160x200) Choose File No file chosen

Passport #:

Race:  Ethnicity:

Medical Alerts (Size limit 200)

Allergies (Size limit 200)  Bees-Hives

Current Medications (Size limit 200)  Clarinex,

**No  
PHOTO  
AVAILABLE**

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"

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

Database: atslu | ATS Athlete Portal Version 2.0.0.0 Copyright © 2014, Keffer Development Services, LLC Logout

- 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. If not, please contact the Head Athletic Trainer.

**Athlete Information**

General Medical History Immunizations/Paperwork Insurance Contacts Athlete Forms eFiles

Menu Logout

7. 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**

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

Surgery Date	Therap Completed	Body Part	Doctor	Hospital & City	Procedure & Notes
No records found.					

**+Add**

**Athlete Information**

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

Surgery Date	Therap Completed	Body Part	Doctor	Hospital & City	Procedure & Notes
No records found.					

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.

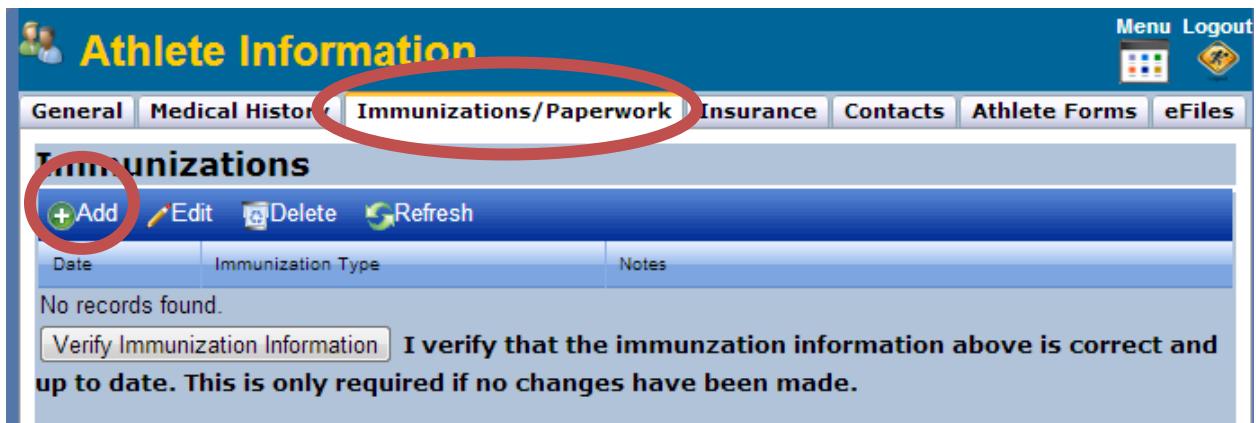
8. Next, below the surgeries, answer the **Medical Questions**. If you answer “YES” to any questions, please explain in the box provided. Please provide a date for the incident if applicable.
9. If you have any other important medical information we need to know about, please tell us in the **Other Medical Notes** section.

10. 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 Tetanus. For immunizations that require multiple doses, please select the imm/dose # under immunization type and record dates for all required doses.

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

11. After you have entered an immunization, click on the check mark to save your information. **Repeat steps 10 and 11 until all immunizations have been entered**

\*\*We will review the “Paperwork” and “Physical” portion of this tab later on. \*\*



Athlete Information

General Medical History Immunizations/Paperwork Insurance Contacts Athlete Forms eFiles

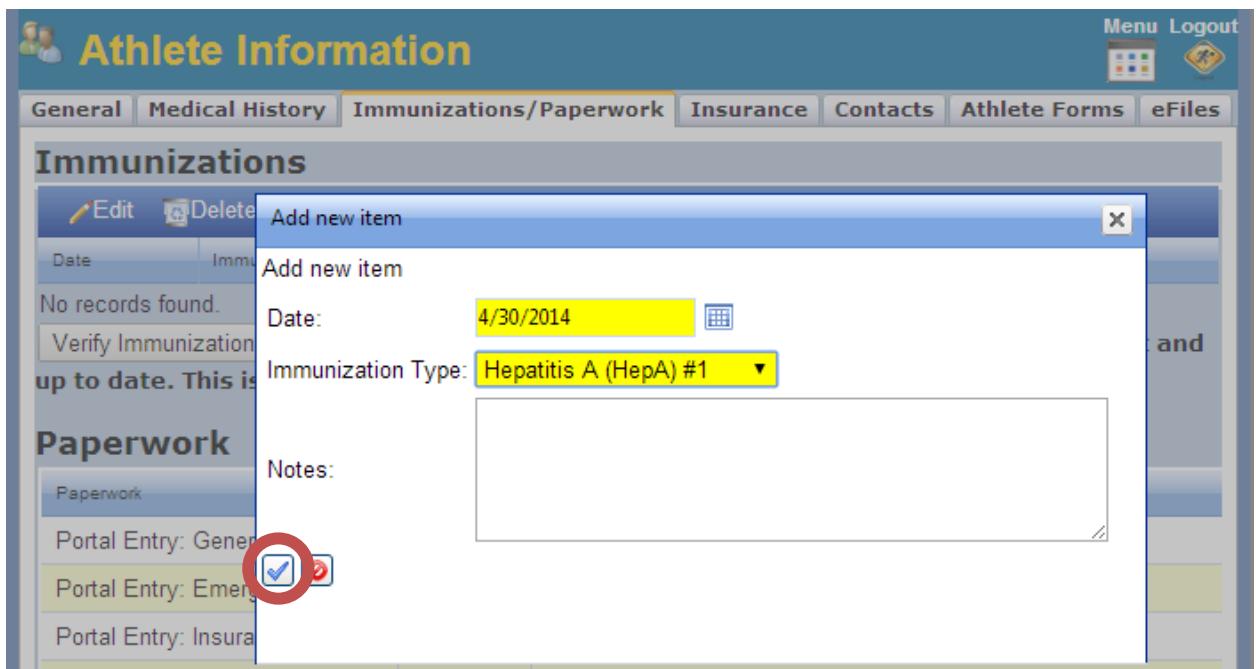
Immunizations

+Add Edit Delete Refresh

Date Immunization Type Notes

No records found.

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



Athlete Information

General Medical History Immunizations/Paperwork Insurance Contacts Athlete Forms eFiles

Immunizations

Edit Delete

Add new item

Date: 4/30/2014

Immunization Type: Hepatitis A (HepA) #1

Notes:

Paperwork

Portal Entry: General  
Portal Entry: Emergency  
Portal Entry: Insurance

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

**Athlete Information**

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

**Insurance**  **No Primary Insurance**

Insurance: **+Add** Edit Delete Refresh

Payor #	Plan Info & Physician (PCP)	Policy Holder Information
No records found.		

**B** 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.

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If your insurance company is in the list (A), proceed to Step 13.

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.

**Athlete Information**

General Medical History Immunizations Insurance Contacts Athlete Forms Electronic Files

**Insurance**  **No Primary Insurance**

Insurance: **+Add**  Add Insurance Information

Payor #	Add Insurance Information
Company: <b>A</b>	
Ins. Type:	

13. Fill in your insurance information. Please try to fill all of the blanks as described on the next page. Blanks with a ★ 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 cannot upload an image, please e-mail the images to the Head Athletic Trainer. **\*Please view your images before uploading to make sure they are readable.\*** Click the check box at the end to save your information.

**REPEAT STEPS 12-13 FOR ALL INSURANCE POLICIES**  
**(Primary, secondary, dental, vision, pharmacy, etc.)**



## Athlete Information

Menu Logout



**General Medical History Immunizations/Paperwork Insurance Contacts Athlete Forms eFiles**

Insurance

**Insurance:**

**Add Insurance Information**

Payor # (1=Prin)	Company: <input type="text" value="Aetna"/>
No records found.	Ins. Type: <input type="text" value="Medical- PPO"/>
Add a New Insurance find your insurance window. Then click company to the list.	Payor # (1=Primary): <input type="text" value="1"/> <span style="border: 1px solid red; padding: 2px;">Primary Policy =1 Secondary Policy=2</span>
	Co. Phone: <input type="text" value="800-888-9999"/>
Plan:	Plan: <input type="text" value="True Health"/>
Plan Type:	Plan Type: <input type="text" value="Group Health Plan"/>
CoPay:	CoPay: <input type="text" value="\$20"/>
ID #:	ID #: <input type="text" value="ABC456"/>
Group #:	Group #: <input type="text" value="12345"/>
Deductible \$: or Deductable (in words):	<input type="text" value="\$1100"/>
Primary Care Physician:	Primary Care Physician: <input type="text" value="Dr. Bees"/>
Physician Phone:	Physician Phone: <input type="text" value="920-920-9209"/>
Policy Holder First Name:	Policy Holder First Name: <input type="text" value="Molly"/>
Policy Holder Middle Name:	Policy Holder Middle Name: <input type="text" value="K"/>
Policy Holder Last Name:	Policy Holder Last Name: <input type="text" value="Rogers"/>
Policy Holder DOB:	Policy Holder DOB: <input type="text" value="5/4/2014"/> <input type="button" value="Calendar"/>
Policy Holder SSN:	Policy Holder SSN: <input type="text" value="999-99-9999"/>
Policy Holder Gender:	Policy Holder Gender: <input type="text" value="Female"/>
Policy Holder Relation:	Policy Holder Relation: <input type="text" value="Child"/>
Policy Holder Street:	Policy Holder Street: <input type="text" value="800 Spruce Way"/>
Policy Holder City:	Policy Holder City: <input type="text" value="Somewhere"/>
Policy Holder State:	Policy Holder State: <input type="text" value="WI"/>
Policy Holder Zip:	Policy Holder Zip: <input type="text" value="54891"/>
Policy Holder Phone:	Policy Holder Phone: <input type="text" value="999-999-8888"/>
Policy Holder Employer:	Policy Holder Employer: <input type="text" value="ABC Corp."/>
Policy Start:	Policy Start: <input type="text" value="5/2/2014"/> <input type="button" value="Calendar"/>
Policy End:	Policy End: <input type="text" value="5/1/2015"/> <input type="button" value="Calendar"/>
Upload front and back separately	Card Front Image: <input type="file"/>
er	Card Back Image: <input type="file"/>
	Card Front&Back Image: <input type="file"/>

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

The screenshot shows the 'Athlete Information' page with the 'Contacts' tab highlighted. Below the tabs, there is a section titled 'Emergency Contacts' with a sub-section 'Emergency Contacts'. A red circle highlights the '+Add' button, which is located next to the 'Edit' and 'Delete' buttons. Another red circle highlights the 'Contacts' tab itself. At the bottom of the page, there is a note: 'Verify Emergency Contact Information I verify that the emergency contact information above is correct and up to date. This is only required if no changes have been made.'

15. Enter the Emergency Contact Information. Please fill out as many blanks as possible.  
Repeat steps 14-15 to add additional contacts. **At least two contacts are required** but you may put as many as you would like.

The screenshot shows the 'Athlete Information' page with the 'Contacts' tab selected. A modal dialog box titled 'Add new item' is open. Inside the dialog, there are fields for 'Name', 'Contact Order' (with a red arrow pointing to it), 'Relationship', 'Primary Phone', 'Cell', 'Work Phone', 'Email', 'Employed' (checkbox), 'Employer Name', 'Notes', and two checkboxes at the bottom. A red callout box with a red arrow points to the 'Contact Order' field, containing the text: 'This is the order in which we will contact your contacts. Enter a number (1, 2, 3.)'. Another red callout box with a red arrow points to the 'Notes' field, containing the text: 'Please put the Emergency Contact's address here.'

16. 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 by following the directions in the form. Some forms need to be signed, see below for signature instructions. When finished, click "Save". This form has now been completed and is saved to your profile. Repeat this step for all forms listed on the checklist.

The screenshot shows the 'Athlete Information' software interface. At the top, there is a navigation bar with tabs: General, Medical History, Immunizations/Paperwork, Insurance, Contact, **Athlete Forms**, and eFiles. The 'Athlete Forms' tab is highlighted with a red circle. Below the tabs, the main content area is titled 'Athlete Forms' and contains a sub-section titled 'Show Submitted Forms'. A descriptive message reads: '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.' A note indicates: '\* Items required to be filled out.' Below this message, there are two input fields: 'Form Name:' with a dropdown arrow and 'Date:' with a dropdown arrow. To the right of these fields are four buttons: 'New' (circled in red), 'Save', and 'Print/View'. At the bottom of the form area, there are two more buttons: 'Save' and 'Print/View'.

17. How to sign a form. Please follow the instructions in the last sections of each form to determine who signs what blank. \*\*Please note the signatures will not work on touch screens, a mouse or touchpad with button must be used.\*\*

- a. Place your mouse in the yellow box.
- b. Left click and hold, move the mouse like a pen to sign.
- c. Type the signers name in the "Signed By" box.
- d. Click sign, the box should now look like the second box "Document signed by parent."
- e. After both boxes have been signed, click "Save" to save the form.
- f. Use the "Clear" button if you would like to erase the box to re-sign.
- g. The form is now complete.

Athlete/Student Signature:



\* Signed By:

Document Signed by Parent

18. 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. These forms are also available on the Athletic Training Webpage.
19. 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
New Student Med History and Exam	2013-14 New Student Med History and Exam	This physical form is for new/transfer student-athletes.	
Returning Student Med History and Exam	2013-14 Returning Student Med History and Exam	This physical form is for returning student-athletes	
Sickle Cell Trait Testing Info and Waiver	2013-14 Sickle Cell Trait Testing Info/Waiver	The NCAA mandates that starting August 1, 2013, all Division III schools must confirm the sickle cell trait status of incoming (new and transfer) student-athletes before participation in intercollegiate	
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

20. Finally, you can review 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 it and reviewed by staff. Use the arrows at the bottom to scroll through the different pages of paperwork. **Your paperwork status and the checkmarks 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. Below the “Paperwork” area you will see a “Physical” area, as we receive your physicals and input them, your physical data will appear in that area.

**Athlete Information**

General Medical History **Immunizations/Paperwork** Insurance Contacts Athlete Forms eFiles

**Immunizations**

+Add Edit Delete Refresh

Date	Immunization Type	Notes
4/28/2014	Measles, Mumps, Rubella (MMR) # 1	
4/27/2014	Human Papillomavirus (HPV) # 1	

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

**Paperwork**

Paperwork	Submitted	Comment
Portal Entry: General Information	<input checked="" type="checkbox"/>	
Portal Entry: Emergency Contact	<input checked="" type="checkbox"/>	
Portal Entry: Insurance Information	<input checked="" type="checkbox"/>	
Insurance Card Copies-Front and Back	<input checked="" type="checkbox"/>	
Medical History and Physical	<input type="checkbox"/>	

Change page: < < > > Page 1 of 3, items 1 to 5 of 13.

**Physicals**

Date	Height	Weight	BP	Pulse	Respiration	Vision	% Body Fat	BMI
3/5/2013	65	130	110/80	65		20/20		21.63

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21. 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 an appointment, or report an injury.