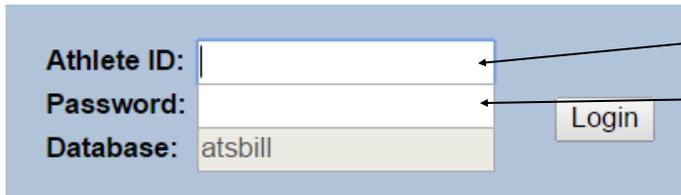


## ATS Web Portal – Entering a New Athlete

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:

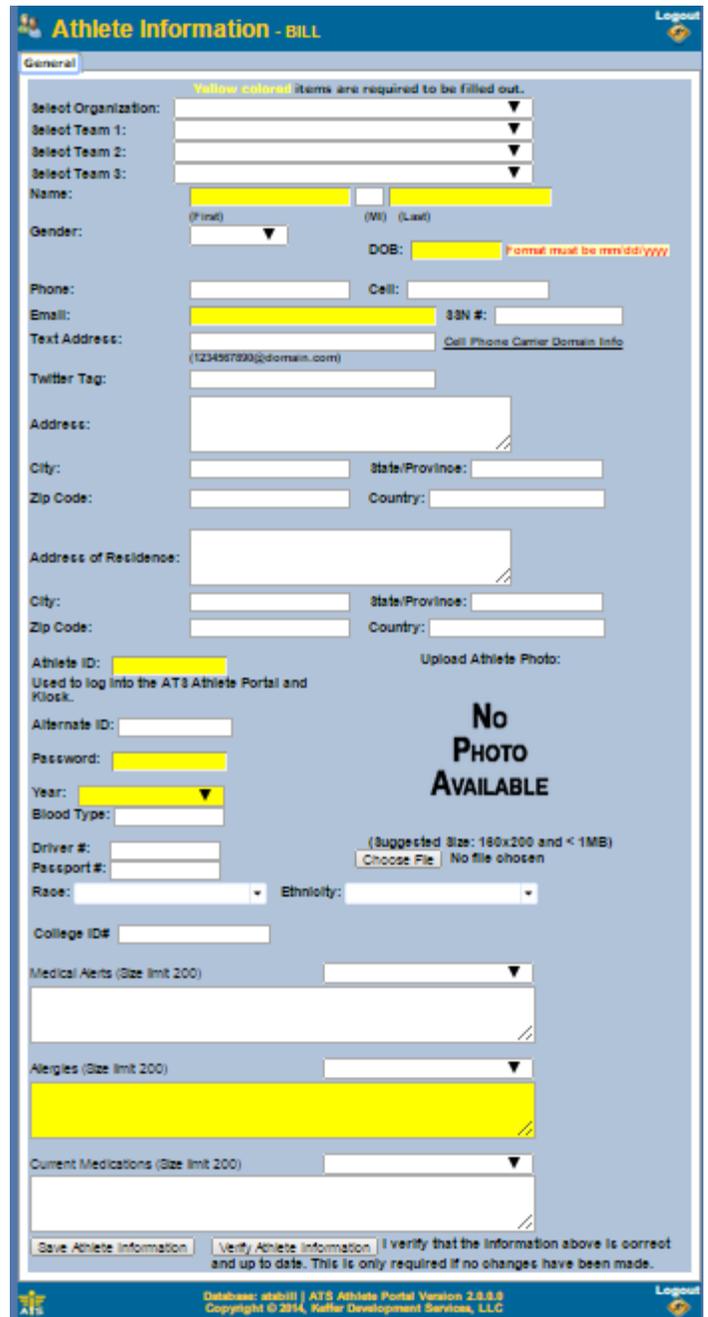
Database: atsbill

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  
Copyright © 2014, Keffer Development Services, LLC

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: