



The Athletic Trainer System®



ATS is not limited to medical record keeping. We offer a customizable platform for parents/guardians or athletes to register directly into *your* system. Included in registration is Demographics, Insurance Information, Sickle Cell Information, COVID Information including uploading Vaccination Cards, and Digital Paperwork that can be signed by Athletes and their parents/guardians.

Register from any device, computer, tablet or cellphone. Eliminate chasing paper copies with our digital forms. Custom built by you to capture the information you need. Or utilize our library of pre-built forms for you to copy from and make your own.

Question / Your Answer	
Sample Question...	
Q 1: Family history of medical issues. Check all that apply:	
A 1:	<input type="checkbox"/> Heart <input type="checkbox"/> Diabetes <input type="checkbox"/> Insomnia <input type="checkbox"/> Asthma <input type="checkbox"/> Arthritis <input type="checkbox"/> Irritability
Q 2: What is your favorite sport to watch on TV?	
Enter sport:	<input type="text"/>
Q 3: Is this first time you have answered a online form like this?	
A 3:	<input type="radio"/> Yes <input type="radio"/> No
Q 4: This is a sample question that requires a "No" answer.	
A 4:	<input type="radio"/> Yes
Athlete/Student Signature	
Digitally Signed: 02/27/2023 9:29 AM	
Joe	
Signed By: Joe	

Athletic Trainer System
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Call 1-888-328-2577
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