

How to Log onto the ATS Athlete Portal

1. Visit prattcc2.atsusers.com (this should bring you to the Athletic Trainer System ® Athlete Portal Login for Pratt Community College)

FOR NEW STUDENT ATHLETES

Your temporary **Athlete ID** is: new

Your temporary **Password** is: new

When you log in, it will bring you to the General Athlete Information page. You must complete this entire page, including a new athlete ID (your first name & last initial) and Password (this can be whatever you want). *Once you have saved that information, the rest of the tabs will come up.* Then complete the remaining tabs. Below are step by step directions.

PLEASE NOTE: Once this process is complete you will be able to view ALL completed forms as the athlete form tab will be empty upon completion & Jared or Kelli will contact you if there is anything missing or there are further questions.

Athlete Information: General

Please fill in all of this information. Make sure this is correct. Make any changes as needed. WE DO NOT NEED YOUR TWITTER TAG! **First address is your home/permanent address**, second is your school address here on campus. Your ID will be visible and your current password will be displayed (you can change these at any time, but make note of these as you will use them the remainder of your career at PCC!). Make sure you fill in any medical alerts (Diabetic, ADHD), allergies, and medications.

Verify and Save

Insurance

Click on the insurance tab. Once you have clicked on the insurance tab, click ADD (upper left corner). If you are not able to find your insurance company in the list of companies, close the popup window. Then click the button “Add a new insurance company” and enter your insurance company name in. *If you need to edit your insurance information, highlight the insurance company name and then click **EDIT**.*

PLEASE UPDATE ALL INFORMATION **INCLUDING** ALL POLICY HOLDER INFORMATION. *In the box PAYOR #, please enter 1.*

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD BOTH FRONT AND BACK!!!! This has to be a jpeg file, the easiest way to do this is to take a picture of your insurance card, email it to yourself, then save it, and then you should be able to attach it. If you cannot attach a card for any reason please contact Jared or Kelli for assistance.

Click the Check Mark in the bottom left hand corner of the pop up screen, then click Verify Emergency Contact Information

Contacts

Click on the contacts tab. Please list **at least** 2 emergency contacts. Both can be your parents or guardians. Click **Add** to add a new emergency contact. Please be sure that ALL information is filled out. We also need you to add both parents and/or guardians Employer's address in the comments section. This information is in regards to our insurance claim form and is NECESSARY for us to complete our forms properly. *If you need to edit your contact information, highlight the contact name and then click **EDIT**.*

Click the Check Mark in the bottom left hand corner of the pop up screen, then click Verify Insurance Information

Athlete Forms (For each form you select the form name and click new)

- **2016-2017 New S/A Medical History:** Please review and answer each question. Explain all "YES" answers. Be specific and include dates whenever possible. Verify and sign
- **Pre-Participation Form:** Please review and answer each questions. Explain all "YES" answers. Be specific and includes dates whenever possible. Verify and sign.
- **INSURANCE FORM:** Please review and carefully ensure that you understand this form. **We need the INSURANCE HOLDER's SIGNATURE on this form to confirm they understand the stipulations in regards to our insurance policy.** If you (the student-athlete) are the owner then a PARENT SIGNATURE IS ALSO REQUIRED. Please do not hesitate to contact Jared or Kelli if you have ANY questions regarding the policy or what is needed for coverage. Most importantly understand that we are a SECONDARY insurance policy.
- **Participation Statement:** This form includes several documents within it including the Assumption of Risk, Consent for Medical Treatment and Authorization for Release of Routine Medical Information. Please read all portions. Verify and sign.
- **Consent for Medical Treatment Form for Minors only:** Please only fill this form out if you are under the age of 18. If so, a parent signature will also be required. Verify and sign.
- **Tryout Liability Form:** This form is only to be filled out if you are a **NON-SCHOLARSHIP** athlete that will be participating. Verify and sign.
- **Athletic Training Services Policies and Procedures:** This information is particularly important to parents or the insurance policyholder. Please read this information and print/keep for future reference. This information is also available for your convenience at our current website www.prattcc.edu and will be available on our NEW athletic website coming soon. www.gobeaversports.com
- Please feel free to contact Jared or Kelli should you have ANY questions regarding this process. We understand that this is new but we hope that it will be an easy transition. Please route all questions through as and NOT your coaches as they have enough things to do! jaredb@prattcc.edu
kellif@prattcc.edu