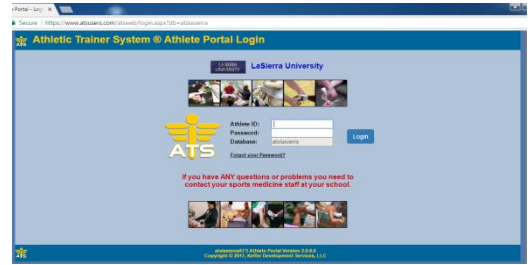


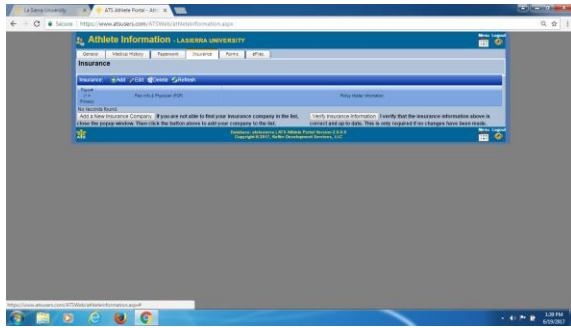
DO NOT ATTEMPT TO DO THIS ON YOUR PHONE!

Returners-ATS User Instructions 2022-2023

- 1) In a new browser insert this website in the URL, not the search engine: **lasierra2.atsusers.com**
(Note no http: or www.)
- 2) **Use your Athlete ID as your LSU ID** (999999). **NOT** your last name and ID. If you used something other than your LSU ID, **please let me know**, but YOU must USE your LSU ID#.
- 3) The password you use is **-whatever you used to log into with this year.** (If you forgot your password, please email me at bmurphy@lasierra.edu)
- 4) Click Login
- 5) Click on Athlete Information
- 6) Please look over and change (if needed) any required information in the yellow General Information, Insurance and Contact tabs. The following sections are NOT in yellow, but are still required should they apply: medications, alerts, allergies, or any current medications.



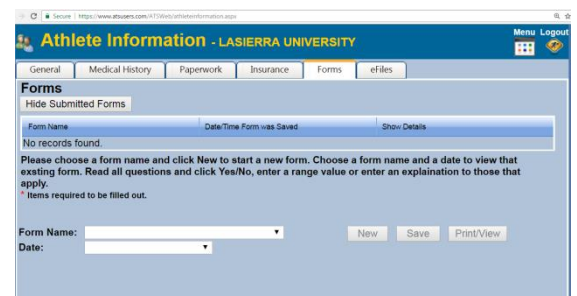
- 7) Press the “save” button to save your Athlete information or else it will **NOT** save.
- 8) The Next tab is labeled Medical History and answer the 2 questions, if you haven’t done so, then press “save” to save the Medical History. If you have and nothing has changed, then press “verify”.
- 9) Click the Insurance tab. If your insurance is already listed and all of the information is correct, **please click “verify insurance information” to continue.** If there is incorrect information or no insurance information listed, please “add a new insurance company” and fill out the appropriate tabs. If changes need to be made, please make sure you press “save”. Also, please provide a copy of your insurance card front and back please and load that up into the system as well.



- **How to upload** your insurance card:
 - Keep your phone vertical when taking the picture...do not turn it to fit card.
 - Go to your settings and crop the picture so the box fully encloses the card....upload.
 - When the card is uploaded correctly, it should fit fully in the box. **
 - If you cannot read it, we cannot read it and your clearance will be held until done right. Please make sure you press “save” to save your information.
 - If nothing has changed with your insurance, then press “verify”

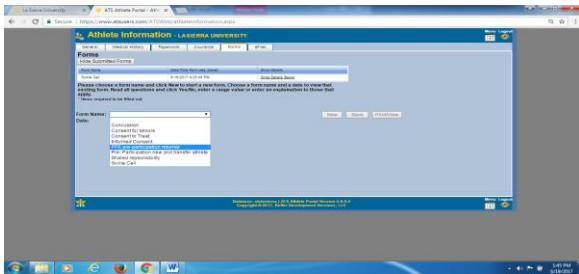
10) Click on the tab labeled Forms:

- a. **(New) Concussion.** Make sure to select the appropriate form under “Form Name”, and read all of the information and answer the questions properly. Also, click the links for the concussion videos provided at the bottom of the page. Note: if under the age of 18, parents must sign the form. Then press “save document” at the bottom of the page. All questions with a red * need an answer. Especially, if you answer, please provide the information needed for that question. **Form will not save if * is left unanswered.**
- b. Fill out the **(New) Consent to Treat form**, please sign this page as well, and make sure to save it by clicking “save” button on the bottom of the page. All questions with a red * need an answer. **Form will not save if * is left unanswered**
- c. Fill out the **(New) Informed Consent** form, by clicking “new” and filling out the appropriate boxes, along with signing the page and clicking “save” to continue. All questions with a red * need an answer. **Form will not save if * is left unanswered.**
- d. Fill out the **(New) Shared Responsibility Form**. Please read, sign and save the form. **All questions with a red * need an answer. Form will not save if * is left unanswered.**

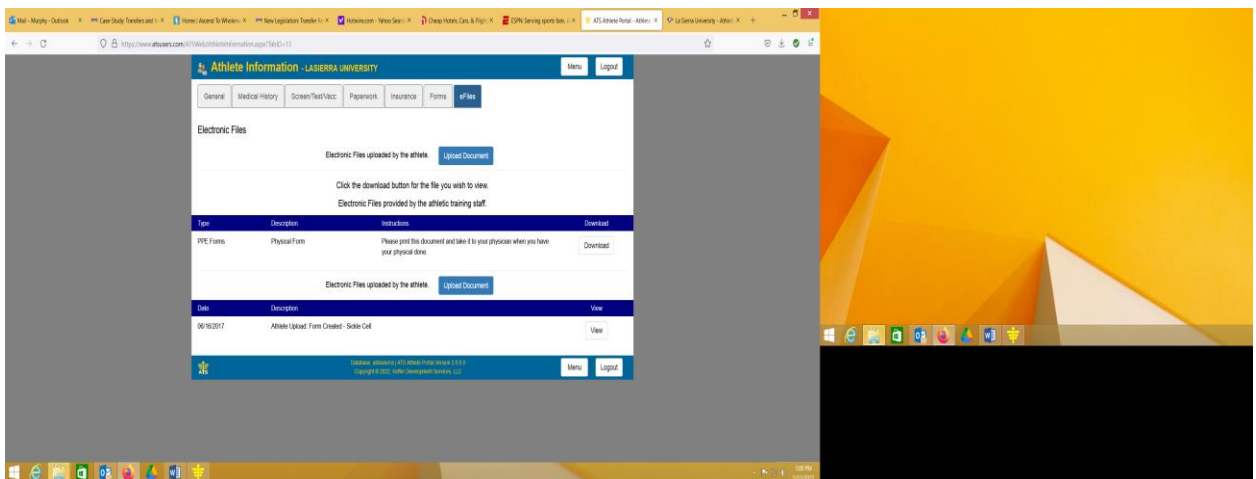


- e. Be sure to fill out the (New) Sickie Cell Form after you have read the form and watched the videos. After you have read and understood the information, please sign and save the form. ****If you already made a selection in the previous year, you do not need to do this step again.** Please check with the ATC to see if the document is still needed though. **** All questions with a red * need an answer. Form will not save if * is left unanswered.**

- 11) Please choose (New) PPE Pre-participation returner form to fill out, sign and save this questionnaire form. **After completion of this form, you will PRINT OUT ALL 5-6 pages of this FORM ONLY! You will then save it and as stated prior, you will print out ALL of these pages (from this form ONLY) and bring them WITH YOU to your physical. The physical must be completed and signed off by an MD or DO only. Other medical signatures (NP, PA, PA-C, DC, etc.) WILL NOT be accepted.** All questions with a red * need an answer. Form will not save if left unanswered.

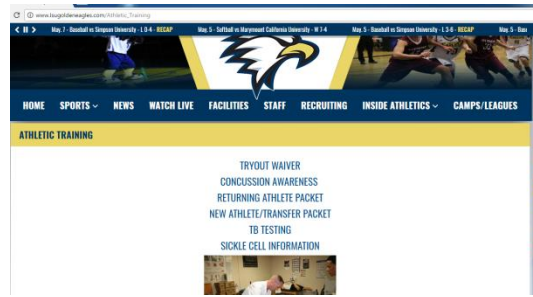


- 12) Please go to the eFiles tab. Click the download icon under "view" and **PRINT this form out.** This form **MUST GO** with the papers you printed in the previous step (11).



**** 13) In a separate window, go to https://www.lsgoldeneagles.com/Athletic_Training and find the appropriate form (Returner Athletic Packet). **Please PRINT out pages 1-4 listed within this packet and DO the FOLLOWING:****

- Page 1-2 is for your parents
- Page 3-4 is to be filled out and signed by your parents (Policy Holder)



14) If you have questions/concern/issues with the Athletic Trainer System, email Brian Murphy, ATC at: bmurphy@sierra.edu .

CHECKLIST:

- Log In to ATS
- Verify/Update Athlete Information under the General Tab
- Verify/ Update Medical History tab
- Verfiy/Update Insurance Tab with Insurance Card Front & Back up-loaded.
- Complete Forms tab
 - 5 completed Forms total
 - **Print Pre-participation form (about 5-6 pages)**
 - **Print Physical Form from E-files Tab (1 page)**
 - **Print Returner Athletic Packet (4 pages)**
 - Page 3-4 (Insurance) is to be filled out and signed by the **Policy Holder (2 pages)**
- **LAST STEP!** Schedule physical Exam with MD or DO ONLY!
 - Take only those printed forms (mentioned above and throughout this document to your Physical.
 - Completed and signed off by an MD or DO only.
 - **Other medical signatures (NP, PA, PA-C, DC, etc.)**
WILL NOT be accepted.

WHAT TO TURN IN TO THE ATC by the DUE DATE indicated by your coach. NO PHYSICAL PAPERWORK, NO PRACTICE! NO EXCPETIONS.

- 1) 1) Actual Physical packet--- 6-7 pages total from the form(s) as stated above (in red) on this page and mentioned during the forms section.
- 2) Insurance info--- 2 pages

*** A copy of the physical packet needs to be submitted to the Wellness Center as well.