Fannin County High School

Parents,

The Fannin County Athletic Department has adopted electronic software system called Athletic Trainer System (ATS) to manage athletic forms and information. This information will be managed by the school's Athletic Trainer Jeremy King. It is our hope to make this process easier for both parents and coaches.

Please go to the link provided to complete the following forms and athlete information: (please see the next page for step-by-step instructions) NOTE: If you completed this in the past, please verify everything is still up to date and correct in steps 2-5. You MUST resign each form the five documents as described in Steps 6-7.

Link: **fchs2.atsusers.com**

Online Athlete Information to Review/Complete in ATS:
1. General
2. Medical History
3. Insurance
4. Contacts

Online Forms that need to be signed:
1. Medical Release and Assumption of Risk
2. Insurance Requirement Acknowledgement
3. ImPact Consent Form
4. Concussion Awareness Form
5. Heat Policy Letter
6. Sudden Cardiac Arrest Awareness

The above forms must be completed and submitted online before your child is eligible to participate in any extracurricular activity or sporting event.

The following forms will still require a hard copy to be submitted to their coach before they are eligible:
Hard Copy Forms:
1. GHSA Pre-Participation Physical Exam
2. Drug Screen Consent Form

Athletic Trainer System- Step-by-step setup:

Please use a desktop computer or I Pad to complete this process.

Please complete this with your child present, as you will need to know their Athlete ID and there are several forms that will require their signature as well.

If you have already completed this process in years past, please review and update your information in the following areas of Step 2- Step 5.

Step 6 and 7 are the forms that need to be signed again for the new school year.

Link: **fchs2.atsusers.com**

Step 1 - __Login Screen:__

1. **Athlete ID:** (the athlete's school computer login password- *the number used to sign into a computer at school*). Everyone has their own individual numerical ID (do not change)

2. **Password:** fannin **(Once logged in you will need to create a new password)**

3. **Database:** atsfchs (this should already be filled in)

Step 2 – __Athlete Information__

Once logged in, Please select "Athlete Information"

Please verify or fill out **"ONLY"** the following information in the "General" tab

1. __DO NOT ENTER DRIVERS LISCENCE NUMBER OR SOCIAL SECURITY NUMBER ANYWHERE IN ATS__

2. Name: First, Middle, Last (Of the student athlete)

3. Gender

4. Date of Birth in mm/dd/yyyy format

5. Phone Number

6. Email: please enter the student's school email address

7. Address: City, State, Zip Code, Country

8. Athlete ID: **(Do Not Change)**

9. Password: **(Please change this to something that both the athlete and the parent can remember)**

10. Year: (verify this is their current grade at this very moment)

11. Medical Alerts: (Please select or type all that apply)

12. Allergies: (Please select or type all that apply)

13. Current Medication: (Please select or type all that apply)

14. Please Click "SAVE ATHLETE INFORMATION"

Step 3 – **Medical History**

1. Click "Medical History" Tab

2. Click "Add": add any relevant medical history

3. Click "Add": for any additional new medical history

4. **Click "Save Medical History"**

Step 4 - **Insurance**

1. Click "Insurance" Tab

2. Click "add"

3. Fill out only the following areas

   a. Payor # - (# 1 indicates this is the primary insurance)

   b. Company- (select from the drop down menu, if your insurance company is not listed, please select "Add a new insurance". Please do not use abbreveations. Ex Blue Cross Blue Shield-don't not use BCBS

   c. Insurance Type – Select "Medical Insurance"

   d. Phone (# for insurance on card)

   e. ID #

   f. Group #

   g. Policy Start Date

4. Fill out only the following areas of Policy Holder Information

    a. Name

    b. Date of Birth (DOB)

    c. Gender

    d. Address- (Street, City, State, Zip)

    e. Phone #

    f. Athlete's Relationship to Insured

    g. Email Address

    h. PCP- Primary Care Physician

    i. PCP # - Office #

5. Click "SAVE"

6. **Click "Close"**

Step 5 – __Emergency Contacts__

1. Click "Contacts"

2. Click "Add"

3. Please fill out or update the following

    a. Name

    b. Contact Order (who to call first = 1= 1st contact)

    c. Relationship

    d. Primary Phone

    e. Cell

    f. Work Phone

    g. Email

    h. **Please Click "Blue Check Mark" to save**

    i. **Please add a 2nd Emergency Contact**, completing the same information

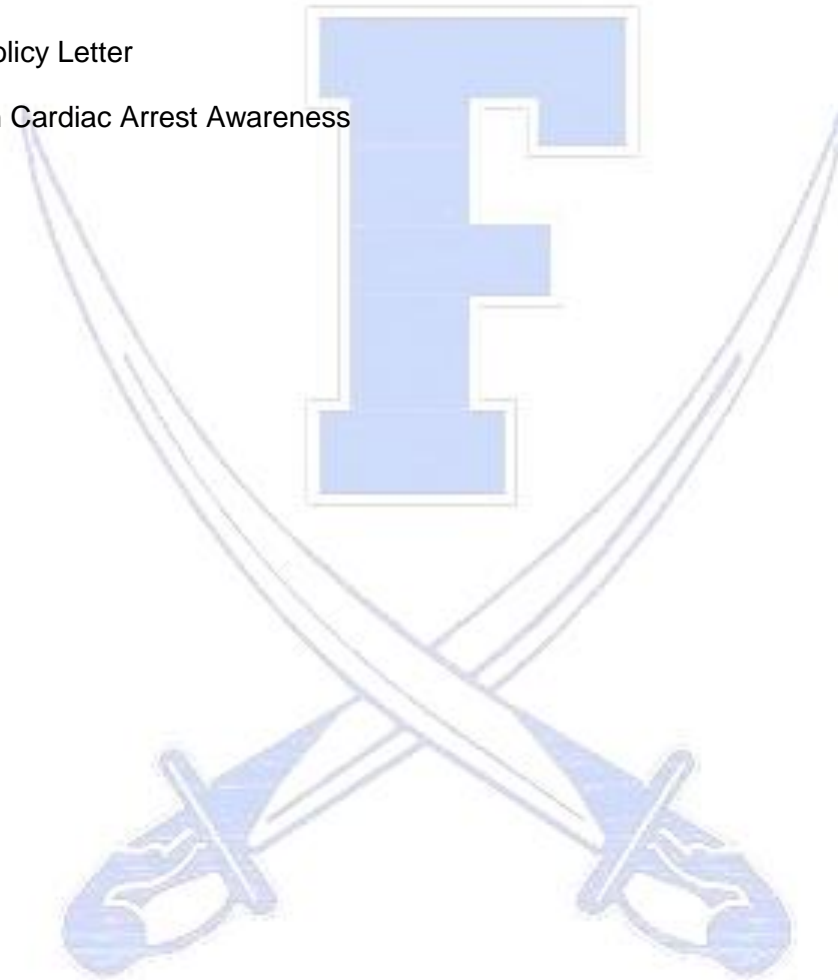# Step 6 – <u>**Signing Online Forms**</u>

1. Please click "Forms"

2. Click Form Name- Dropdown menu

3. Select "Medical Release and Acceptance of Risk"

4. Click "New"

5. Please read and review each section of this document and click "Yes" to confirm.

6. Using the mouse on a desk top or your finger when using a touch screen device, please sign the document and then type your name in the place provided.

- *Please be advised, some documents require both student-athlete and parent's signature and name. They must be done together or the document cannot be completed and submitted. If the student is a minor the parent/guardian may sign their name in both sections.*

- *Please make sure the signature is clear and legible, if it is not, it is subject to be deleted and you will be asked to complete the form again. Your child will not be able to participate without having this form completed.*

- *When signing, please follow the order below:*

  - *Sign name in box provided, then type name in "print box", then click "Sign"*

  - *Complete the same order for the second signature, after clicking "Sign" then click "Save"*

7. **Click "SAVE"**

Once saved successfully, the document will now appear under "Submitted Form" on the top left side of the page. You may need to click "Show Submitted Forms" to make them visible This will show form, date, and time each are submitted.

Step 7 - **Complete All 6 Forms (using the same process as step 6)**

1. You will then click "Form Name", select a different document.

2. Once selected, Click "New"

3. Read and Review the document and be sure to sign and type your name to each document

4. The following documents must be submitted on line

   a. Medical Release and Acceptance of Risk

   b. Insurance Requirement Acknowledgement

   c. ImPact Consent Form

   d. Concussion Awareness Form

   e. Heat Policy Letter

   f. Sudden Cardiac Arrest Awareness