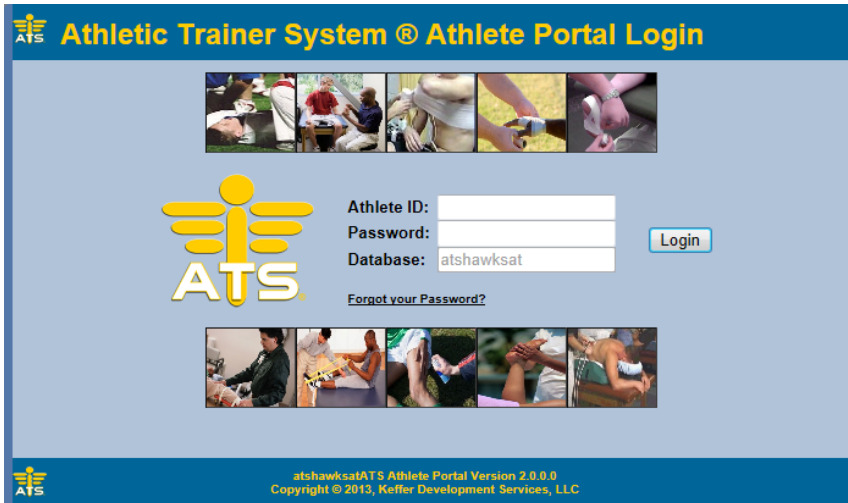


**To Begin, Copy The Link Into A New Tab/Window
In Order To View The Website and This Document Simultaneously:**

<https://www.atsusers.com/atsweb/login.aspx?db=atshawksat>

You will be presented with the the Login screen below:

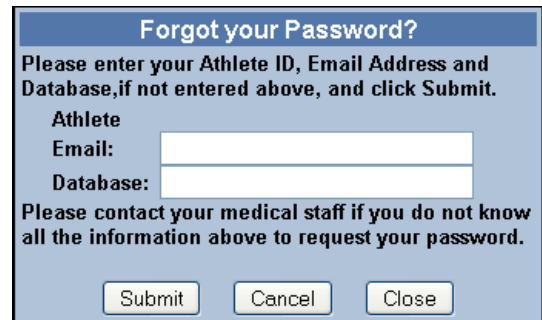


Default Password
is
password

Type Your Student ID Number (nXXXXXXXX) for the Athlete ID Box and Type password into the Password Box

***If you are a returning athlete, you should have changed your password after your initial login. If you are having problems, I would try the default password of password. If you are still having problems, click "Forgot your Password?"

You will see the screen shot to the right. Follow the onscreen instructions. If you still have problems, contact HawksAT@newpaltz.edu



After clicking "Login", you will be see the screen below



Click on "Athlete Information"

**After clicking on "Athlete Information", you will see the screen below.
Follow the directions below for completing the "General" tab.**

Athlete Information Menu Logout

General Medical History Insurance Contacts Athlete Forms eFiles

Tan colored items are required to be filled out.

Name: John Doe
(First) (MI) (Last)

Gender: Male

DOB: 04/15/1981 Format must be mm/dd/yyyy

Phone: Cell: 845-257-1234

Email: lurieb@newpaltz.edu SSN #: 123456789

Text Address: (1234567890@domain.com) Cell Phone Carrier Domain Info

Twitter Tag:

Address: 123 Vine Road

City: New Paltz State/Province: NY

Zip Code: 12561 Country:

College/Local Address: 1 Hawk Drive

City: New Paltz State/Province: NY

Zip Code: 12561 Country:

Athlete ID: N02751472
Used to log into the ATS Athlete Portal and Kiosk.

Alternate ID: johndoe

Password: password
At least 8 characters using numbers and letters.

Year: Sophomore

Blood Type:

Driver #:

Passport #:

Medical Alerts (Size limit 200)
ADD/ADHD, Blood Pressure

Allergies (Size limit 200)
Latex,

Current Medications (Size limit 200)
Claritin-D 24 Hour,

Save Athlete Information Verify Athlete Information I verify that the information above is correct and up to date. This is only required if no changes have been made.

Database: atahawksat | ATS Athlete Portal Version 2.0.0.0
Copyright © 2013, Ketter Development Services, LLC

Boxes in yellow are the only required fields.

Input or update any of the information as needed:

- 1. Date of Birth**
- 2. Cell phone**
- 3. Email address**
- 4. Social Security Number**
- 5. Primary address or home address**
- 6. College/Local address should be your dorm name and dorm room number**
- 7. DO NOT CHANGE YOUR Athlete ID**
- 8. Change the default password to something you will remember for future logins.**
- 9. The system will automatically update your year in school, DO NOT CHANGE THIS BOX.**
- 10. Input medical alerts, allergies and/or medications. If you do not have any, please select None from each of the drop-down menus.**

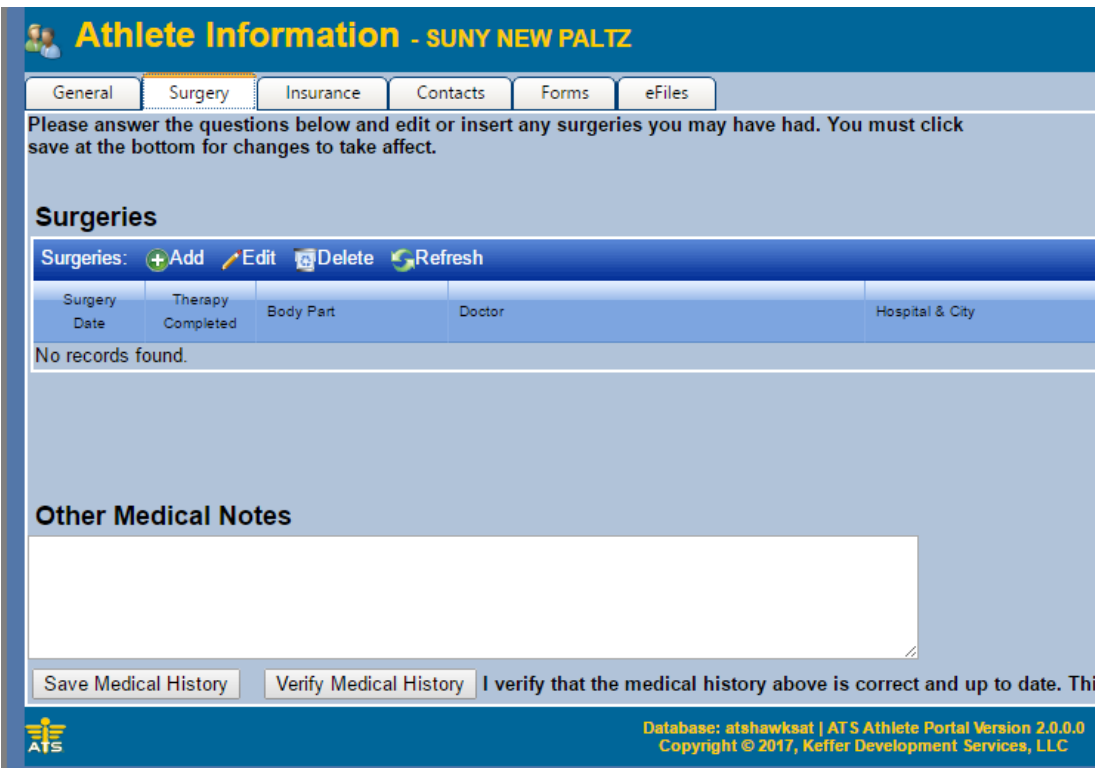
Once you have changed all the necessary information, click "Save Athlete Information".

If no changes were necessary, click "Verify Athlete Information".

Scroll back to the top of the page and click the "Surgery" tab.



The following page will appear:



Please list any surgeries that you may have had.

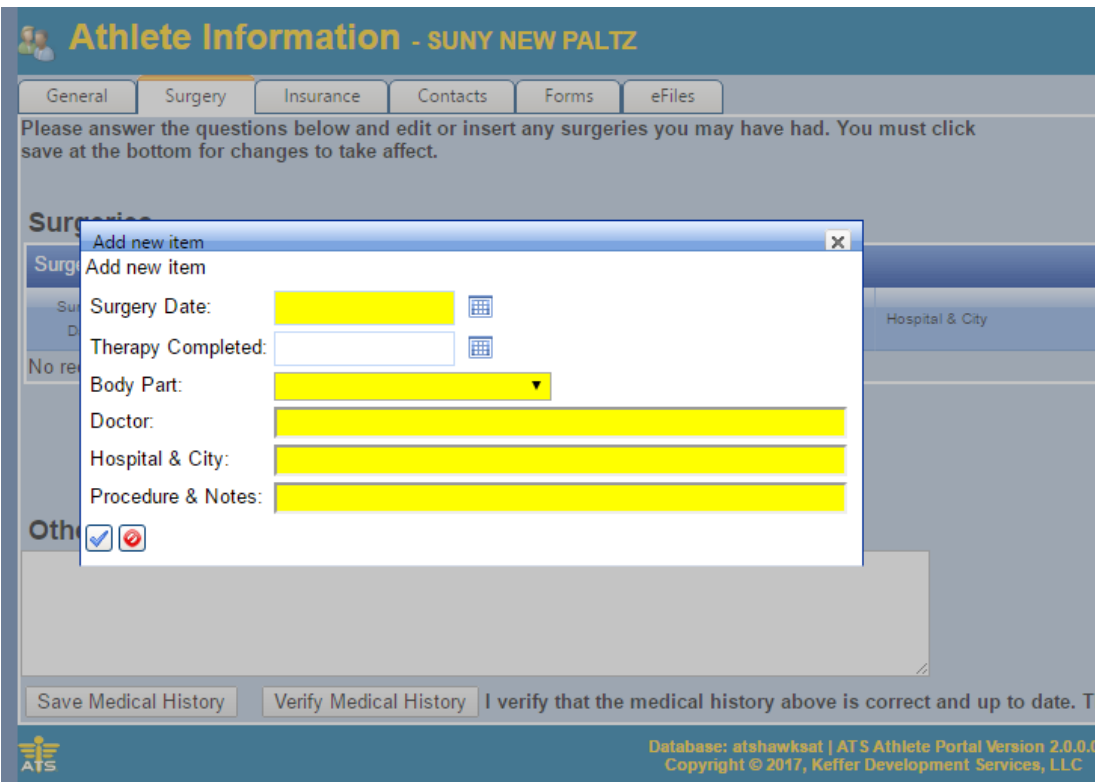
To do this, click on "Add".

The screen will then change to allow you to input your surgery date, body part, the date therapy was completed, the surgical procedure performed, the location of the hospital or medical facility and the doctor who performed the surgery.

Once completed, click the blue check mark.

If you have never had any surgeries, leave this tab blank.

Once you have changed all the necessary information, click "Save Athlete Information". If no changes were necessary, click "Verify Athlete Information".



Click on the "Insurance" tab

Athlete Information Menu Logout

General Medical History **Insurance** Contacts Athlete Forms eFiles

Insurance No Primary Insurance

Insurance: + Add Edit Delete Refresh

Payor #	Plan Info & Physician (PCP)	Policy Holder Information
1	Company: Empire Plan - NYSHIP Location: Ins. Type: Medical - PPO Co. Phone: 800-EMPIRE Plan: Plan Type: CoPay: Code A ID #: 123456789 Group #: PCP: PCP Phone: Card Images: Front, Back	Name: John H. Doe DOB: 04/15/1981 SSN: 123-45-6789 Gender: Male Athlete's Relation: Address: 123 Vine Road City: New Paltz State/Zip: NY 12561 Phone: 845-257-1234 Employer: SUNY New Paltz

Add a New Insurance Company If you are not able to find your insurance company in the list, close the popup window. Then click the button above to add

Verify Insurance Information I verify that the insurance information above is correct and up to date. This is only required if no changes

Click "Add" to input your current insurance information or click on the number in the first column then click "Edit" to make any changes to your current insurance information.

If your insurance company is not listed in the drop-down menu, click red exit symbol in the lower left corner. Then click "Add a New Insurance Company". The window below will pop-up and allow you to add your insurance company. Click "Save Company". Once completed, it will now be available to choose from the drop-down menu.

Edit Insurance Information:

Edit Insurance Information:

Company: Empire Plan - NYSHIP

Ins. Type: Medical - PPO

Payor # (1=Primary): 1

Co. Phone: 800-123-4567

Plan:

Plan Type:

CoPay:

ID #: 123456789

Group #:

Deductible \$:

or Deductible (in words):

Primary Care Physician:

Physician Phone:

Policy Holder First Name: Bryan

Policy Holder Middle Name:

Policy Holder Last Name: Lurie

Policy Holder DOB: 4/14/1981

Policy Holder SSN:

Policy Holder Gender: Male

Policy Holder Relation: Self

Policy Holder Street: 441

Policy Holder City: High

Policy Holder State: NY

Policy Holder Zip: 12528

Policy Holder Phone: 845-245-

Policy Holder Employer: SUNY

Policy Start:

Policy End:

Card Front Image: Select

Card Back Image: Select

Card Front&Back Image: Select

Add a new insurance company: (If not listed in the company drop-down list.)

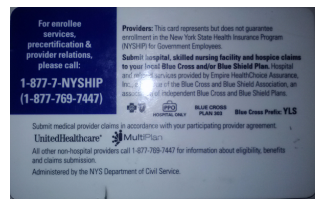
Save Company

Close

Input as much information from your insurance card as possible. Some insurance cards will have some information and others will not.

Payor # is simply a ranking number if you have both a primary and secondary insurance policy. Primary insurance should be denoted with 1 and secondary with 2; dental and vision plans with any number >2.

Front and back images of your insurance cards are required. Taking a digital picture is the easiest way to accomplish this.



Upload each image into their respective fields. If you have any difficulties (most likely due to file size), please email the images to HawksAT@newpaltz.edu.

It is recommended to input any other insurance you may have such as dental and vision.

Click the blue check mark when finished.

IT IS YOUR RESPONSIBILITY TO KEEP YOUR INFORMATION UP-TO-DATE. IF AT ANYTIME IT CHANGES, NOTIFY THE ATHLETIC TRAINING STAFF IMMEDIATELY. YOU WILL BE REQUIRED TO PRESENT YOUR INSURANCE CARD EACH YEAR TO ENSURE ACCURACY.

Once completed, please click on the "Contacts" tab.



Click "Add" to complete your emergency contact information.

Click on the number in the Contact Order column then click "Edit" to update any information.

Click the blue check mark when finished.

If no changes are necessary, click "Verify Emergency Contact Information"

Edit Contact: [X]

Edit Contact:

Name: Joe Doe I

Contact Order: 1

Relationship: Father

Primary Phone: 123-456-7890

Cell: 123-456-7890

Work Phone:

Email:

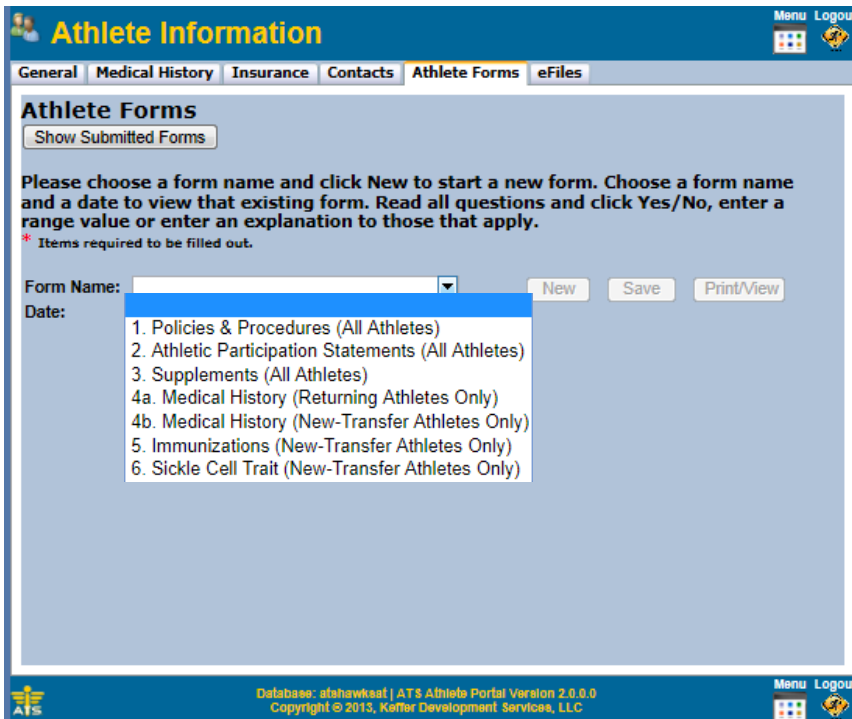
Employed:

Employer Name: Not Employed

Notes:

It is asked that at least 2 emergency contacts names are given.

Once completed, please click on the "Athlete Forms" tab.



Select from the "Form Name" drop-down menu and then click "New".

New/Transfers Athletes are required to fill out:

1. Policies & Procedures
2. Athletic Participation Statements
3. Supplements
- 4b. Medical History
5. Immunizations
6. Sickie Cell Trait

Returning Athletes are required to fill out:

1. Policies & Procedures
2. Athletic Participation Statements
3. Supplements
- 4a. Medical History

By signing in the box using your mouse, typing my name in the "Signed By" area and clicking "Sign", I certify that all entered information is accurate and complete to the best of my knowledge. I realize that falsification of the provided information is a violation of the honor code that could result in sanctioning by a hearing panel.

Athlete/Student Signature:

* Signed By:

After reading each form and filling in the appropriate information, you will be required to sign your name using your mouse in the yellow box. Then type your first and last name in the "Signed By" box and click "Sign".



Once you have received the above box, click "Save".

Repeat this process for each form.

*****The next section only needs to be completed if you are under the age of 18.*****

Everyone else can logout by clicking the logout button in the upper or lower right hand corner.

Click on the "eFiles" tab.

Athlete Information - SUNY NEW PALTZ

General Surgery Insurance Contacts Forms **eFiles**

Electronic Files

Click the Download button for the file you wish to view.

Electronic Files provided by the athletic training staff.

Type	Description	Instructions	View
Under 18	Total Policy Review (Under 18)	This is a comprehensive document of all the information contained within the online forms. The last page must be filled out by your parent/guardian and returned.	

Electronic Files uploaded by the athlete.

Upload an Electronic Document:

Description:

Document Type:

File: No file chosen

ATS Database: atshawksat | ATS Athlete Portal Version 2.0.0.0 Copyright © 2017, Keffer Development Services, LLC

If under 18, your parent/guardian must read, print and sign page 7 of the Total Policy Review form. It needs to be returned to the Athletic Training staff by scanning and uploading the document, faxing at 845-257-3921 or mailing: SUNY New Paltz Athletic Training 103 Elting Gym 1 Hawk Drive New Paltz, NY 12561

You can click logout when finished.

Below is a detailed summary of all of the above information,
please make sure each one is completed.

For All Student-Athletes:

Through ATS Web Portal under Athlete Information Icon

Complete/Update General Tab

Complete/Update Medical History Tab

Complete/Update Insurance Tab

SUNY New Paltz Athletic Training
103 Elting Gym
1 Hawk Drive
New Paltz, NY 12561

Complete/Update Contacts Tab

Complete/Update Athlete Forms Tab

For New/Transfer Athletes Only:

Complete Health Report Sent From Student Health Services