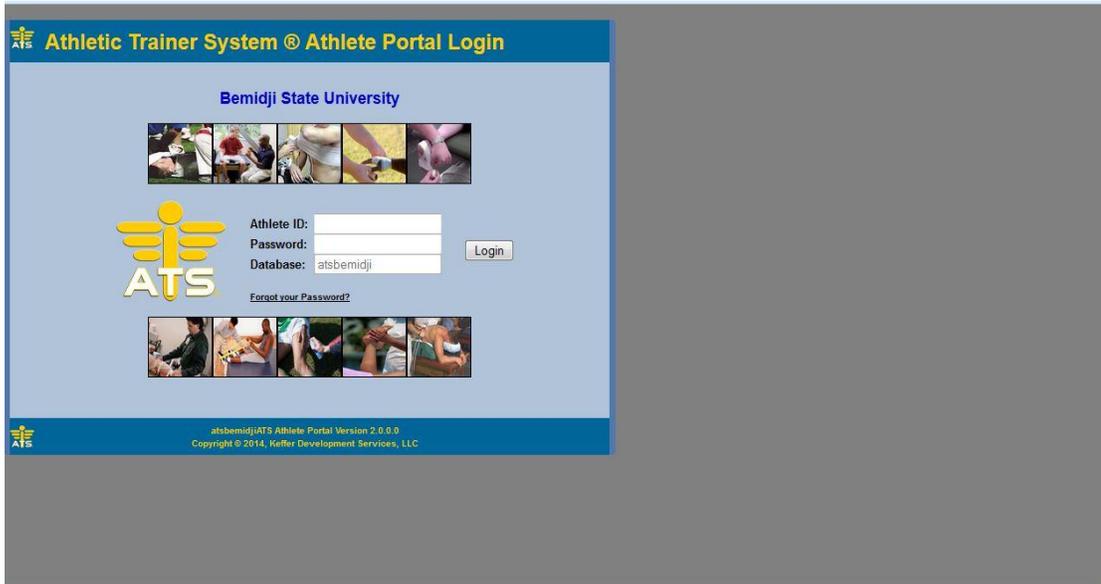


1.) Copy and paste the following web address in to your web browser window:

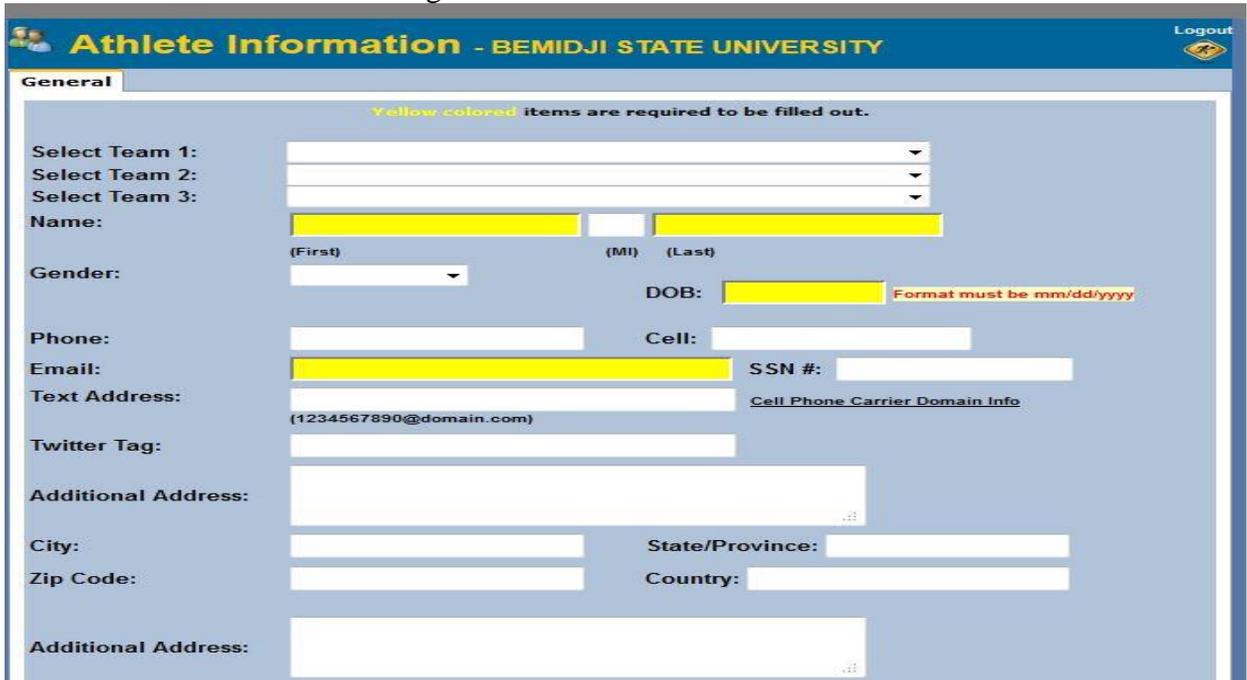
bemidji2.atsusers.com

You should be directed to the following screen



2.) Athlete ID: new
Password: new

3.) You should now see the following screen



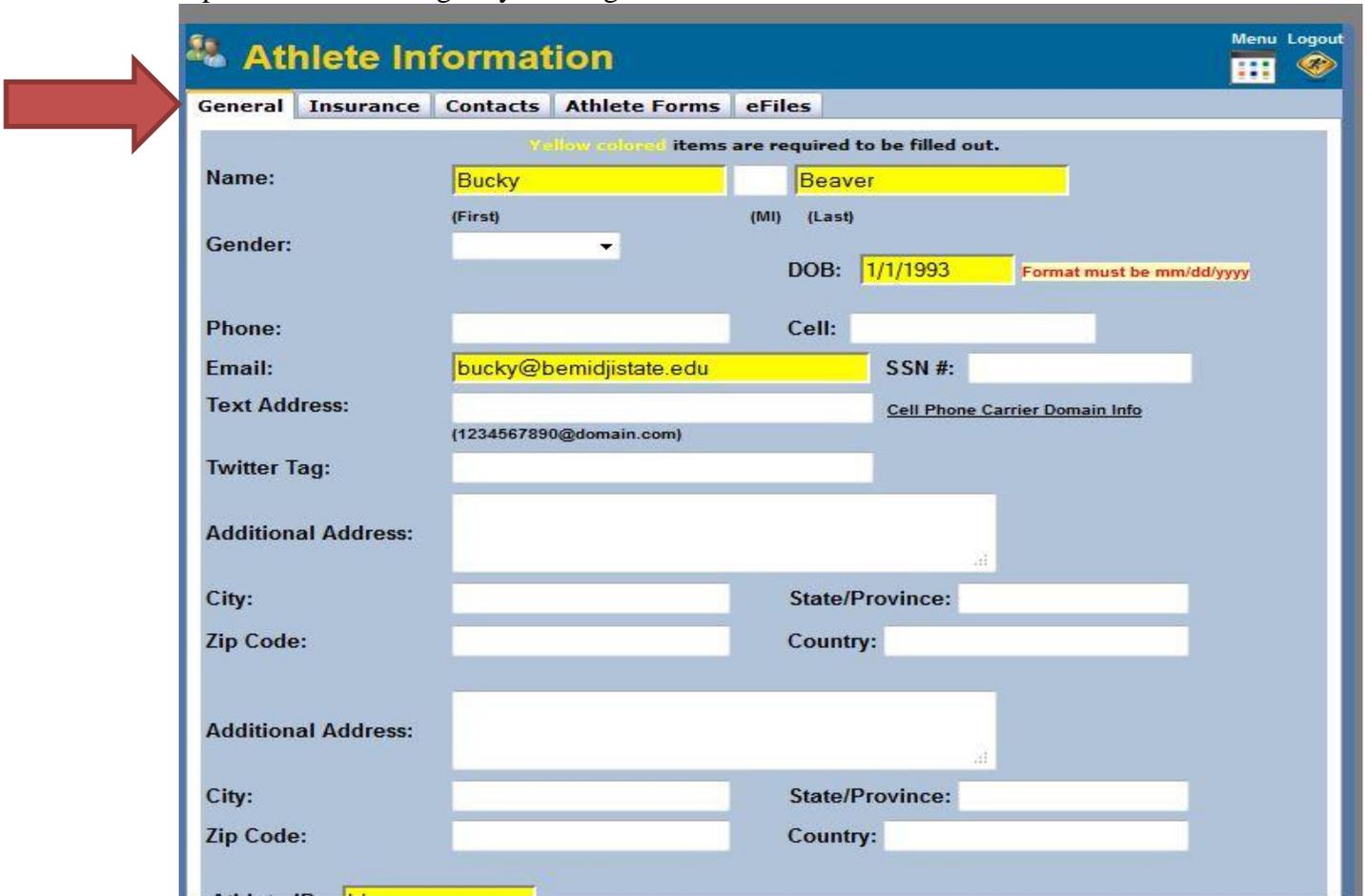
Any boxes highlighted in yellow are required, at a minimum the following information must be completed:

- Team
- Cell Phone Number
- Local Address
- Home Address
- Social Security Number
- Allergies
- Medical Conditions

Please create an athlete ID (first initial and last name, for example John Smith= jsmith) and choose a password.

After completing all of the above information, please click on the button “ Save Athlete Information”

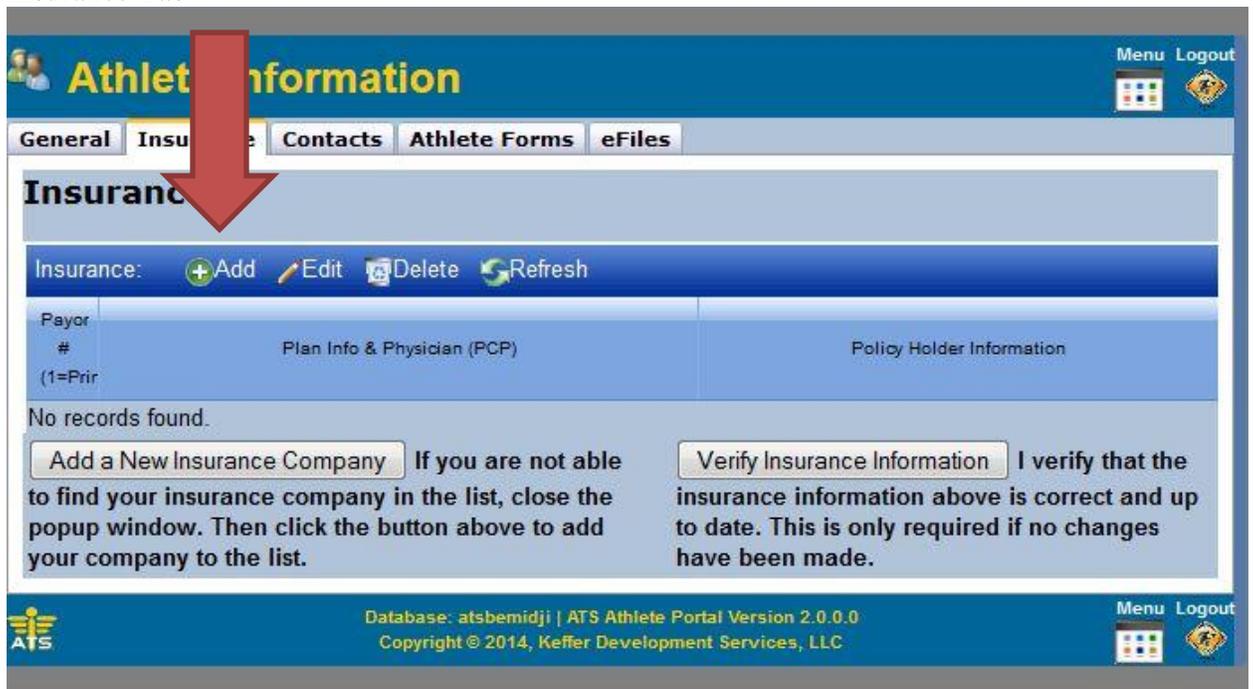
- 4.) You should now see the following screen, please note the tabs that have appeared at the top of the screen. Begin by clicking on the insurance tab.



The screenshot shows a web form titled "Athlete Information" with a navigation bar containing tabs for "General", "Insurance", "Contacts", "Athlete Forms", and "eFiles". A red arrow points to the "Insurance" tab. The form contains several input fields, some of which are highlighted in yellow to indicate they are required. The "Name" field is split into "First" (Bucky), "Middle" (MI), and "Last" (Beaver). The "DOB" field is 1/1/1993. The "Email" field is bucky@bemidjstate.edu. The "Text Address" field contains (1234567890@domain.com). The "City", "State/Province", and "Country" fields are also present. A note at the top of the form states "Yellow colored items are required to be filled out."

Name:	Bucky		Beaver
	(First)	(MI)	(Last)
Gender:		DOB:	1/1/1993
			Format must be mm/dd/yyyy
Phone:		Cell:	
Email:	bucky@bemidjstate.edu	SSN #:	
Text Address:	(1234567890@domain.com)	Cell Phone Carrier Domain Info	
Twitter Tag:			
Additional Address:			
City:		State/Province:	
Zip Code:		Country:	
Additional Address:			
City:		State/Province:	
Zip Code:		Country:	

5.) Insurance Tab



Athlete Information Menu Logout

General Insurance **Contacts** Athlete Forms eFiles

Insurance

Insurance:

Payor # (1=Prim	Plan Info & Physician (PCP)	Policy Holder Information
No records found.		

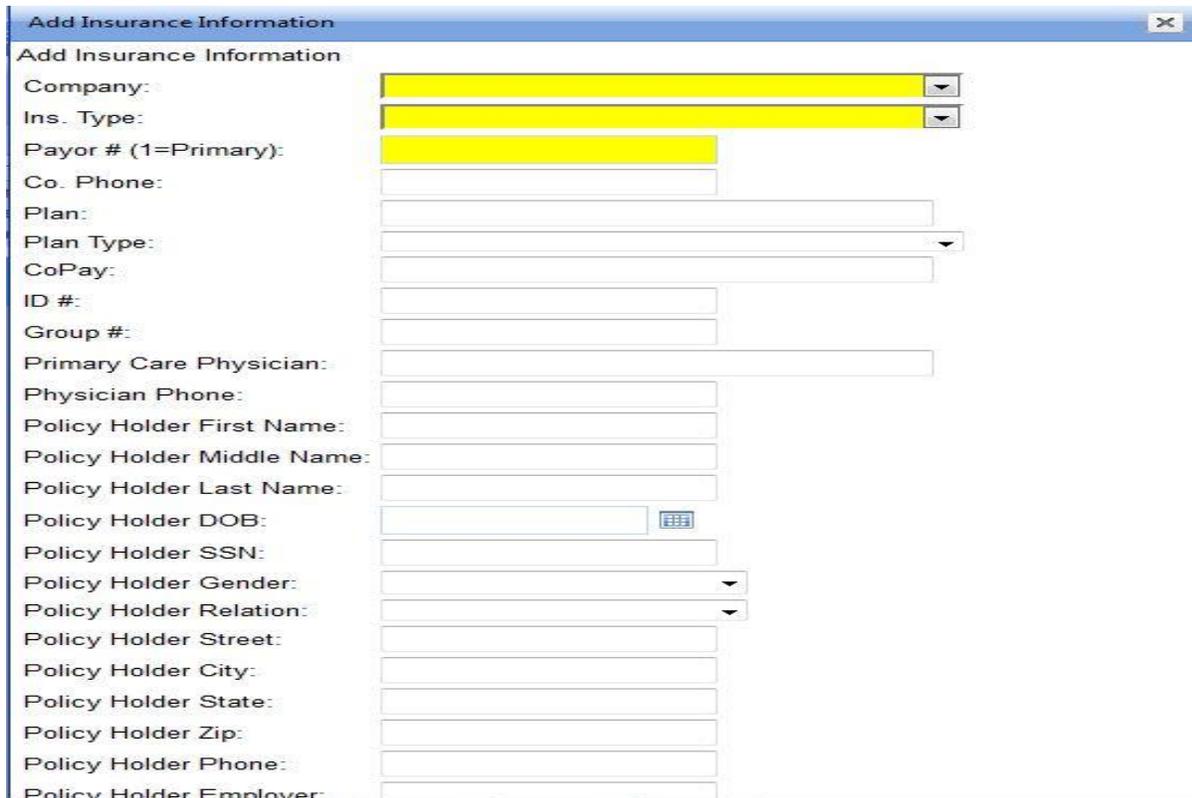
If you are not able to find your insurance company in the list, close the popup window. Then click the button above to add your company to the list.

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

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ATS Menu Logout

Please click on the “Add” button to enter your insurance information. You should see the following window.



Add Insurance Information [Close]

Add Insurance Information

Company:

Ins. Type:

Payor # (1=Primary):

Co. Phone:

Plan:

Plan Type:

CoPay:

ID #:

Group #:

Primary Care Physician:

Physician Phone:

Policy Holder First Name:

Policy Holder Middle Name:

Policy Holder Last Name:

Policy Holder DOB:

Policy Holder SSN:

Policy Holder Gender:

Policy Holder Relation:

Policy Holder Street:

Policy Holder City:

Policy Holder State:

Policy Holder Zip:

Policy Holder Phone:

Policy Holder Employer:

Please provide as much information as possible, this information is used to complete insurance claims when athletes are injured participating in Bemidji State University Athletic Activities. There is an option to upload an image of your insurance card if you have access to a scanner. Begin by clicking on “Select” and choose the file to upload, if you have no files to upload and are complete with this section, click on the green check mark.

Card Front Image:

Card Back Image:

Card Front&Back Image:

6.) Contact Tab

Athlete Information Menu Logout

General Insurance **Contacts** Athlete Forms eFiles

Emergency Contacts

Contact Order	Contact Name / Relationship / Email / Employment	Phone #s	Notes
No records found.			

I verify that the emergency contact information above is correct and up to date. This is only required if no changes have been made.

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Please click on the “Add” button to enter your emergency contact information. You should see the following screen.

Add new item

Name:

Contact Order:

Relationship:

Primary Phone:

Cell:

Work Phone:

Email:

Employed:

Employer Name:

Notes:

Please include at least two emergency contacts, remember to include as much information as possible. Under contact order, type a 1 or 2 to indicate who should be contacted first. When complete with each contact, click on the green checkmark.

7.) Athlete Forms Tab

Athlete Information Menu Logout

General Insurance Contacts **Athlete Forms** eFiles

Athlete Forms

Hide Submitted Forms

Form Name	Date/Time Form was Saved	Show Details
No records found.		

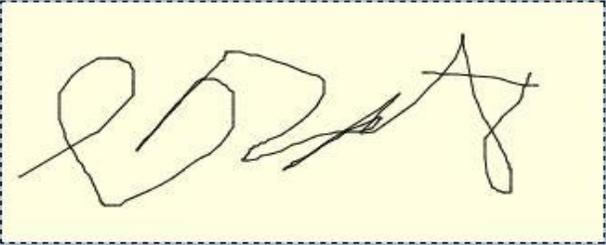
Please choose a form name and click New to start a new form. Choose a form name and a date to view that existing form. Read all questions and click Yes/No, enter a range value or enter an explanation to those that apply.
* Items required to be filled out.

Form Name: New Save Print/View

Date:

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Begin by clicking on the “Form Name” drop down. A list of four forms will appear, select the first form “Assumption of Risk” and click “New”. You should see the following screen.

Question	Yes/No-Range	Ref
ASSUMPTION OF RISK AND CONSENT FOR TREATMENT		
<p>I understand that while I am participating in intercollegiate athletics, there is an inherent risk of injury. I understand that the dangers and risks include, but are not limited to, death, serious head, neck and spinal injuries, paralysis, injuries or impairment to the musculoskeletal system, general health and well being.</p> <p>Do to the possibilites of any injury and illness while participating in an official, organized intercollegiate athletic activity, I recognize and take responsibility for reporting all such injuries and illnesses, including signs and symptoms of concussions to the athletic training staff.</p> <p>I hereby grant permisson to the Bemidji State University Athletic Trainers and Team Physician's to render myself any preventative measures for injuries, first aid, treatment, rehabilitation, or emergency treatment that they may deem reasonable and necessary to the health and well being of the student-athlete. *</p>	<input checked="" type="radio"/> Yes	1
Prev Next Page 1 (Questions 1 to 1) of 1 Questions per Page 20		
<p>Athlete/Student Signature: <input type="button" value="Clear"/></p> <div style="border: 1px dashed black; padding: 10px; width: fit-content; margin: 10px auto;">  </div> <p>* Signed By: <input type="text"/> <input type="button" value="Sign"/></p> <p><input type="button" value="Save"/> <input type="button" value="Print/View"/></p>		

Please read through each form completely and acknowledge that you have read and understand the form by clicking on each “Yes” button. Use your mouse cursor to sign in the box and type your full name in the “Signed By” box and click “Sign”. When complete with each form click on “Save”. A box indicating the form was saved should appear.

You should now see the following screen. Each completed form will appear at the top of the screen.



[General](#) [Insurance](#) [Contacts](#) **[Athlete Forms](#)** [eFiles](#)

Athlete Forms

[Hide Submitted Forms](#)

Form Name	Date/Time Form was Saved	Show Details
Assumption of Risk	1/14/2014 2:55:09 PM	Show Details Below

Please choose a form name and click New to start a new form. Choose a form name and a date to view that existing form. Read all questions and click Yes/No, enter a range value or enter an explanation to those that apply.

* Items required to be filled out.

Save Complete!

Form Name:

Date:

[New](#)

[Save](#)

[Print/View](#)