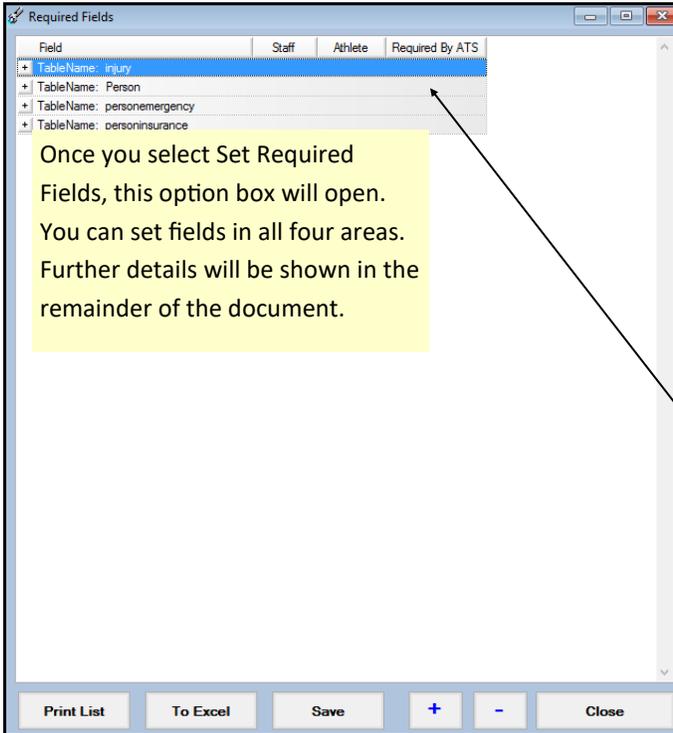
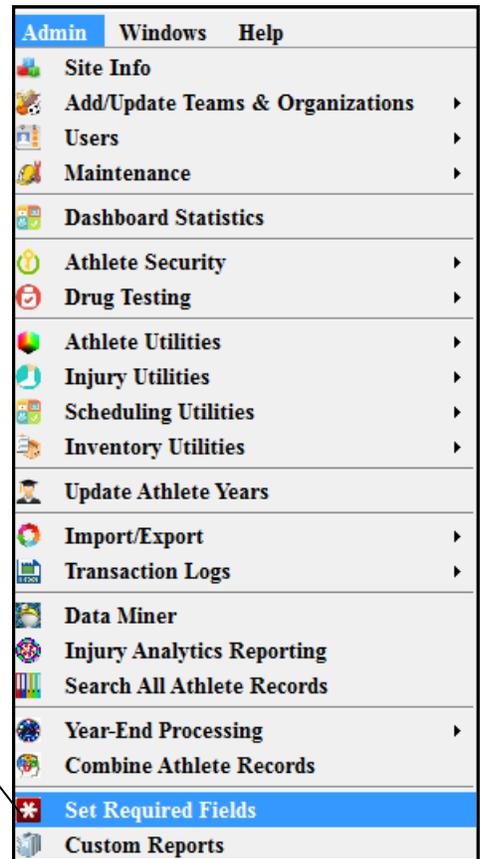
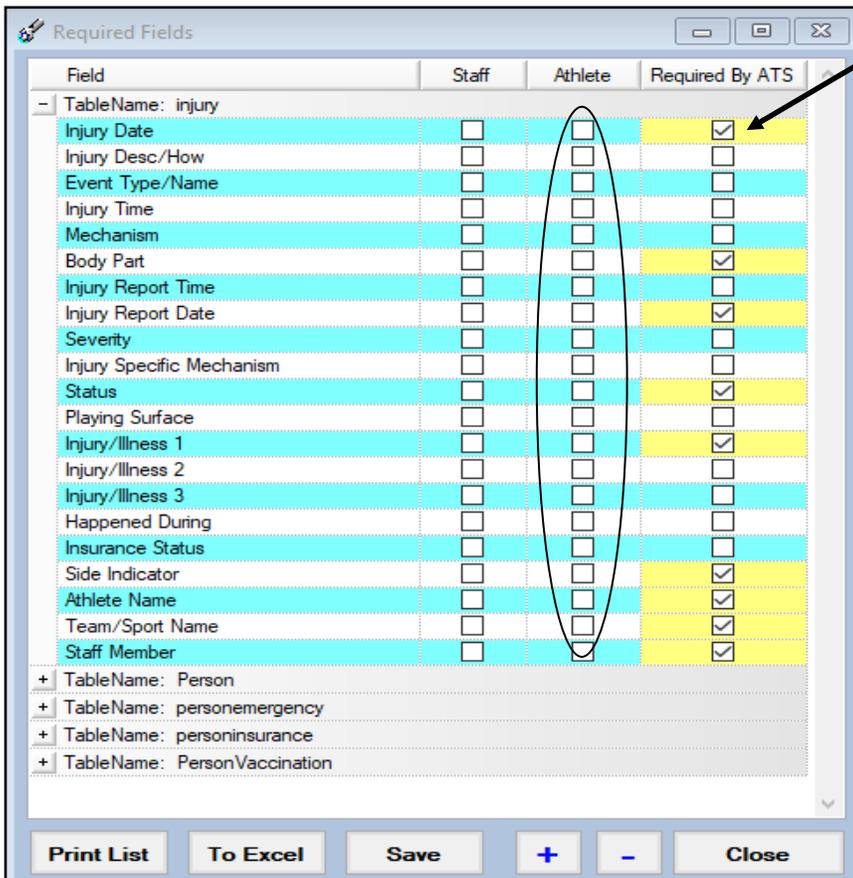


Athlete Registration can be customized to gather the information your organization requires. To get to the Required Fields, select ADMIN → Set Required Fields.



The boxes that are marked Required by ATS cannot be unchecked and are system requirements



If you are going to have your athletes report injuries through their online portal, or smartphone, it is advisable to set the required fields in the injury tab. Setting these will require athletes to enter information you wish to collect to better complete your records.

The next field is the Person tab. This tab contains demographic information for the athlete. Select the boxes of the information you would like to collect. The boxes that are marked Required by ATS cannot be unchecked and are system requirements.

Field	Staff	Athlete	Required By ATS
TableName: Person			
Additional Name 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Name 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Name 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Name 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birthday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IDNumber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marital Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passport No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Password	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text Message #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Zipcode	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

The next field is the PersonEmergency tab. This will contain the information you would like to collect for that person emergency contact. The boxes that are marked Required by ATS cannot be unchecked and are system requirements.

Field	Staff	Athlete	Required By ATS
TableName: injury			
TableName: Person			
TableName: personemergency			
Contact Text#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Cell#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Contact Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Work#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Zipcode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Contact Sort Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next field is PersonInsurance. This field will contain the information you collect in regards to insurance fields. You are able to make pictures of the insurance card a required field. Set the requirements your organization needs. The boxes that are marked Required by ATS cannot be unchecked and are system requirements.

Field	Staff	Athlete	Required By ATS
TableName: injury			
TableName: Person			
TableName: personemergency			
TableName: personinsurance			
CoPayNote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GeneralNote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GroupNumber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IDNumber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Company	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
InsurancePhone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Type	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Card Back Image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card Front Image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front/Back Card Image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payor Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PCPName	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCPPhone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Insurance Plan Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deductable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Deductable(Text)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy End Date	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PH City	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PH Dob	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy Holder Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PH Employer Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PH First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PH Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PH Last Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PH Middle Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PH Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PH Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PH Signature on File	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PH SSN	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PH State	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PH Street	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PH Zip Code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Policy Start Date	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Field	Staff	Athlete	Required By ATS
TableName: injury			
TableName: Person			
TableName: personemergency			
TableName: personinsurance			
TableName: PersonVaccination			
Admin By	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lot No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Manufacturer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccination Status	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vaccination Type	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rec Location	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shot 1 Date	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shot 2 Date	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Side Effects	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Card Image	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The last required field you can select is the Vaccination information. This allows you to check any of the extras for the patient/athlete or staff to enter when updating vaccination specific information.

The fields you selected will become YELLOW fields on the Athlete Portal. That tells the athlete that they are required and must be filled out.

Athlete Information - JOE TECH Logout

General | Screen/Tests | **Insurance *** | Contact * | eFiles

Light Yellow colored items are required to be filled out.

Select Organization: [Yellow dropdown]

Select Team 1: [Yellow dropdown]

Select Team 2: [White dropdown]

Select Team 3: [White dropdown]

Name: [Yellow text input] [White text input] [Yellow text input]
(First) (Middle) (Last)

Nickname: [White text input]

Gender: [White dropdown]

Phone: [White text input]

Email: [White text input]

Text Address: [White text input]

Athlete Information - JOE TECH

General | Screen/Tests | **Insurance *** | Contact * | eFiles

Insurance No Primary Insurance?

Add a New Insurance Company If you are not able to find your insurance company in the company list below, then click the "Add a New Insurance Company" button.

Company: [Yellow dropdown]

Ins Type: [Yellow dropdown]

Phone: [White text input]

Policy Holder Information

Name: [White text input]

Athlete Information - JOE TECH

General | Screen/Tests | Insurance * | **Contact *** | eFiles

Primary Emergency Contact

Contact's Name: [Yellow text input]

Relationship: [White text input]

Add Vaccination - JOE TECH Menu Logout

Light Yellow colored items are required to be filled out.

Vaccine Type: [Yellow dropdown] Status: [Yellow dropdown]

Manufacturer: [Yellow dropdown] Lot Number: [Yellow text input]

Received at Location: [White text input] Administered By: [Yellow text input]

1st Shot: [White text input] 2nd Shot: [White text input]

Comments: [White text area]

Side Effects: [Yellow text area]

Upload Image (new or replacement)

Card Front (size 2" high x 3" wide)*

Choose File No file chosen