

HOW TO: ATS

Creating your account,
filling out forms, and
uploading documents

ITEMS NEEDED

Make sure you have all of the following information before making your account, otherwise your account ***WILL NOT SAVE***

Emergency Contact Information

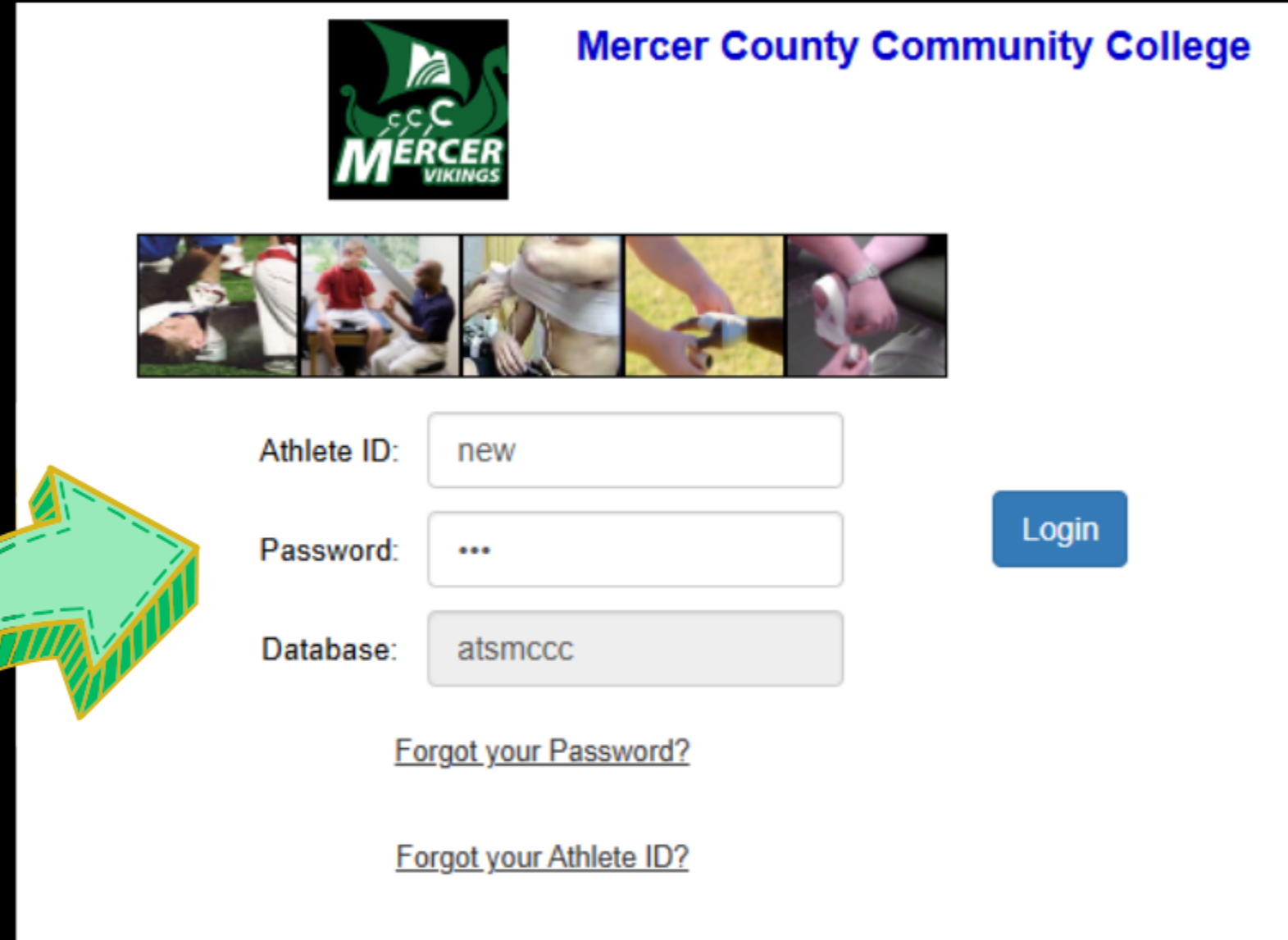
- Name
- Phone number
- Email

Insurance Information

- Company, type, phone number, ID# or Group#
- Policy holder information: name, DOB, gender, address, relationship to athlete
- Primary care physician name

CREATE AN ACCOUNT

Go to <http://atsmccc2.atsusers.com>



Mercer County Community College

Athlete ID:

Password:

Database:

[Forgot your Password?](#)


[Forgot your Athlete ID?](#)

Login

Login with:

- Athlete ID: new
- Password: new
- Database: atsmccc

CREATING YOUR PROFILE

 **Athlete Information** - MERCER COUNTY COMMUNITY COLLEGE Logout

General Insurance * Contact * eFiles

Light Yellow colored items are required to be filled out.

Select Organization:

Select Team 1:

Select Team 2:

Select Team 3:

Name

(First) (Middle) (Last) (Suffix)

NickName

Gender DOB

Phone Cell

Email

Text Address [Cell Phone Carrier Domain Info](#)

example: 5551231234@domain.com

Twitter Tag

Address

City State/Province

Zip Code Country

1. Team
2. First Name
3. Last Name
4. Gender
5. Birthday
6. Cell phone #
7. Email
8. Home Address

All boxes highlighted yellow are required to be filled out completely

CREATING YOUR PROFILE

Your Athlete ID should be the first initial of your first name and your last name

Example: FLastname

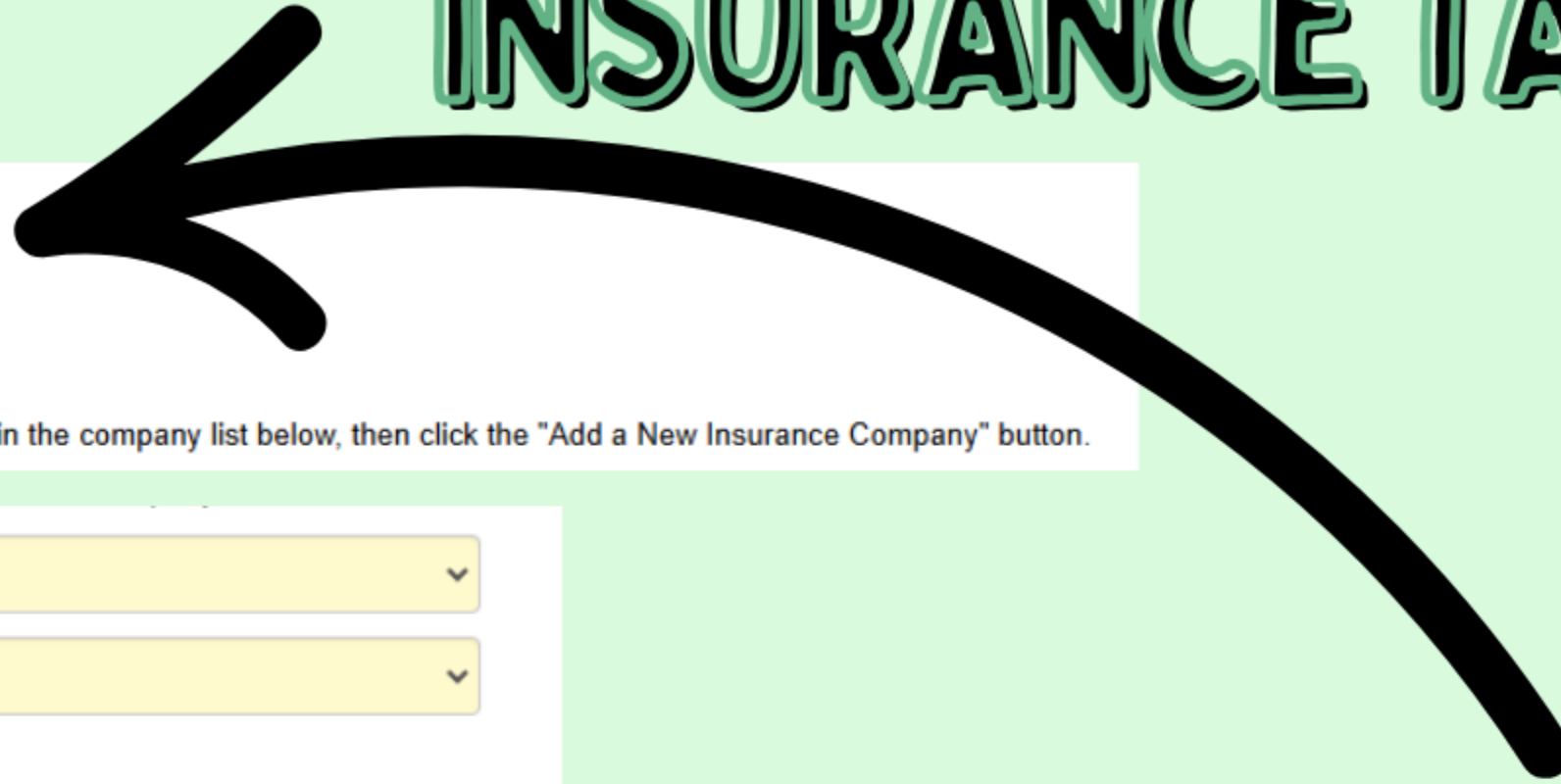
Use a password you will remember!

Select the year you are

- 1st year = freshman
- 2nd year = sophomore

Athlete ID	<input type="text" value="FLastname"/>
Used to log into the ATS Athlete Portal and Kiosk.	
Alternate ID	<input type="text"/>
Password	<input type="password" value="....."/>
Password must have:	
<input type="checkbox"/> At least 8 characters	
<input type="checkbox"/> At least 1 lowercase letter	
<input type="checkbox"/> At least 1 uppercase letter	
<input type="checkbox"/> At least 1 number	
<input type="checkbox"/> At least 1 special character	
Year	<input type="text"/>
Blood Type	<input type="text"/>
Driver #	<input type="text"/>

INSURANCE TAB



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	<input type="text"/>
Ins Type	<input type="text"/>
Phone	<input type="text"/>
Plan Name	<input type="text"/>
Plan Type	<input type="text"/>
Copay	<input type="text"/>
ID #	<input type="text"/>

If you HAVE INSURANCE:

- Select the company from the dropdown menu
- Select the type of insurance
- Enter your Member ID#

If you have NO
INSURANCE PLAN click
the "No Primary
Insurance" button

INSURANCE TAB

Policy Holder Information

First Name

Middle Name

Last Name

DOB

Gender

Street

City

State

Zip

Phone

Athlete's Relationship to Insured

Upload Insurance Card Images

Make sure this image is of your insurance card only and can be read easily. Files must be < 1mb in size and type .jpg, .png, .bmp or .gif.

Front*
(size 2" x 3")

No file chosen

Document Type:

Back*
(size 2" x 3")

No file chosen

Document Type:

Front/Back
(size 2" x 6")

No file chosen

Size 2" x 6" means 2 inches high and 6 inches wide. Remember the images must be able to be read.

If you HAVE INSURANCE:

- Enter the policy holder's First name, Last name, date of birth
- Put their relationship to you (Mom, Dad, Self, etc.)
- Upload CLEAR pictures of the front & back of your insurance card

CONTACT TAB

The screenshot shows a web form with four tabs at the top: 'General', 'Insurance *', 'Contact *' (which is selected and highlighted in blue), and 'eFiles'. Below the tabs, the section is titled 'Primary Emergency Contact'. It contains six input fields, each with a label to its left: 'Contact's Name:', 'Relationship:', 'Primary Phone:', 'Cell:', 'Work Phone:', and 'Email:'. The 'Contact's Name', 'Relationship', and 'Email' fields are highlighted in yellow. The 'Primary Phone', 'Cell', and 'Work Phone' fields are white with grey borders.

You will need to fill out their

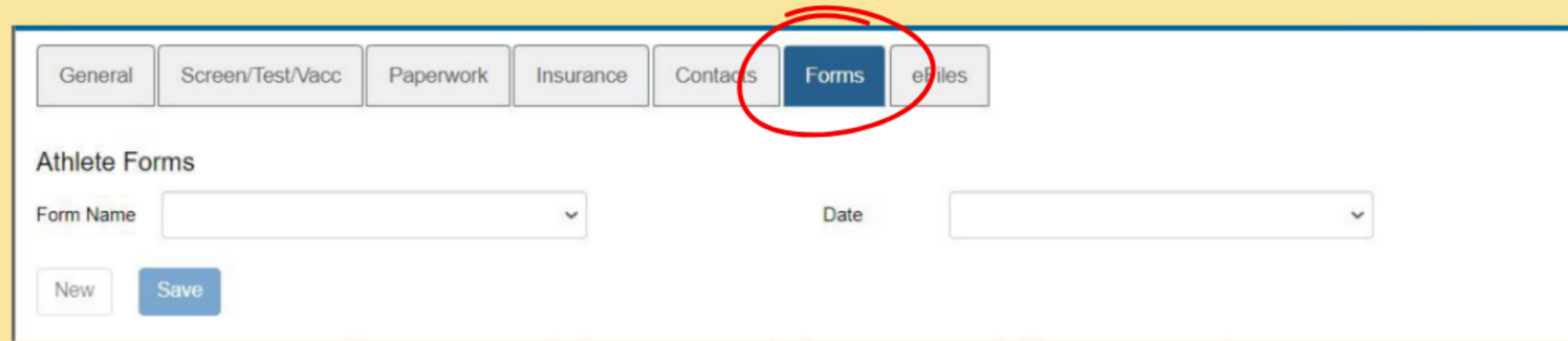
- Name
- Their relationship to you (parent, aunt, friend, etc.)
- Their phone number
- Their email

List an
emergency
contact you
believe will
be
available in
case of an
emergency!

FORMS TAB

You are required to complete all the forms listed in the drop down menu including:

1. Medical History Questionnaire
2. Mental Wellness Questionnaire
3. Assumption of Risk for Participating in Intercollegiate Athletics
4. HIPAA Release
5. Concussion Statement
6. FERPA Waiver
7. Athletic Health Insurance Policy
8. Medical Consent for Student Athletes



The screenshot shows a web application interface with a navigation bar at the top. The navigation bar contains several tabs: 'General', 'Screen/Test/Vacc', 'Paperwork', 'Insurance', 'Contacts', 'Forms', and 'eFiles'. The 'Forms' tab is highlighted in blue and circled in red. Below the navigation bar, the page title is 'Athlete Forms'. There are two dropdown menus: 'Form Name' and 'Date'. At the bottom left, there are two buttons: 'New' and 'Save'.

FORMS TAB

After reading and completing the form, you'll be asked for a digital signature


- 1 Click the 'I agree to use electronic records and signatures' button
- 2 Type your name and click 'Sign'
- 3 Click 'Validate Form'

The screenshot shows a digital signature form with the following elements:

- A link: [Please read the Electronic Record and Signature Disclosure](#)
- Callout 1: A checkbox labeled "I agree to use electronic records and signatures." with a blue question mark icon to its right.
- A section titled "Athlete/Student Signature" containing:
 - A red asterisk followed by the text "Signed By:"
 - A text input field containing "Morgan Comfort"
 - A "Sign" button
- A section titled "Parent/Guardian Signature" containing:
 - The text "Signed By:"
 - An empty text input field
 - A "Sign" button
- Callout 2: A green circle with the number "2" is positioned next to the "Sign" button in the Parent/Guardian Signature section.
- Callout 3: A green circle with the number "3" is positioned next to a blue "Validate Form" button at the bottom right.
- A "Close" button is located to the right of the "Validate Form" button.

If you are under 18 your parent/legal guardian will be required to sign the forms

EFILES TAB

 **Athlete Information** - MERCER COUNTY COMMUNITY COLLEGE [Logout](#)

[General](#) [Insurance *](#) [Contact *](#) **[eFiles](#)**

Electronic Files provided by the athletic training staff.

Type	Description	Instructions	Download
Physical Form	Physical Form	Please print and take to your doctor for your physical exam.	Download

Download the Physical Form and take it to your doctor!
This tab also lets you upload your completed physical or other papers like clearance notes from doctors

International Students MUST get
their physical in the UNITED
STATES



ADDITIONAL INFO

If anything changes on your ATS profile after you create it, you are responsible to notify the Athletic Trainer. This includes:

- Changes in address/phone number
- Changes in Insurance
- Injuries/Illnesses
- If you see a Doctor for any condition that your AT/Coaches should be aware of, please contact us

Email questions/comments to comfortm@mccc.edu

****You may be asked for other information in order to be cleared to play your sport!****

