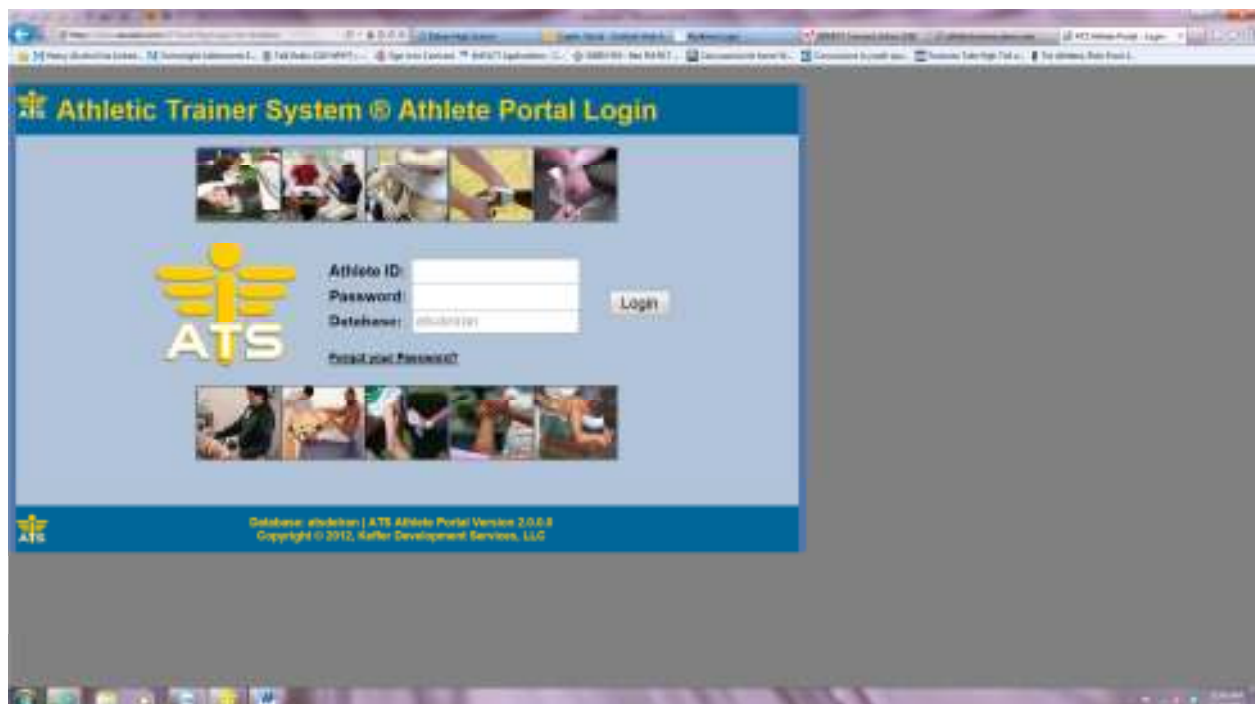


ATS Web Portal – Entering a New Athlete Copyright © by Keffer Development Services, LLC
Start your internet browser (Internet Explorer or Firefox are fine)
Enter the address https://delran2.atsusers.com **DO NOT** use www.

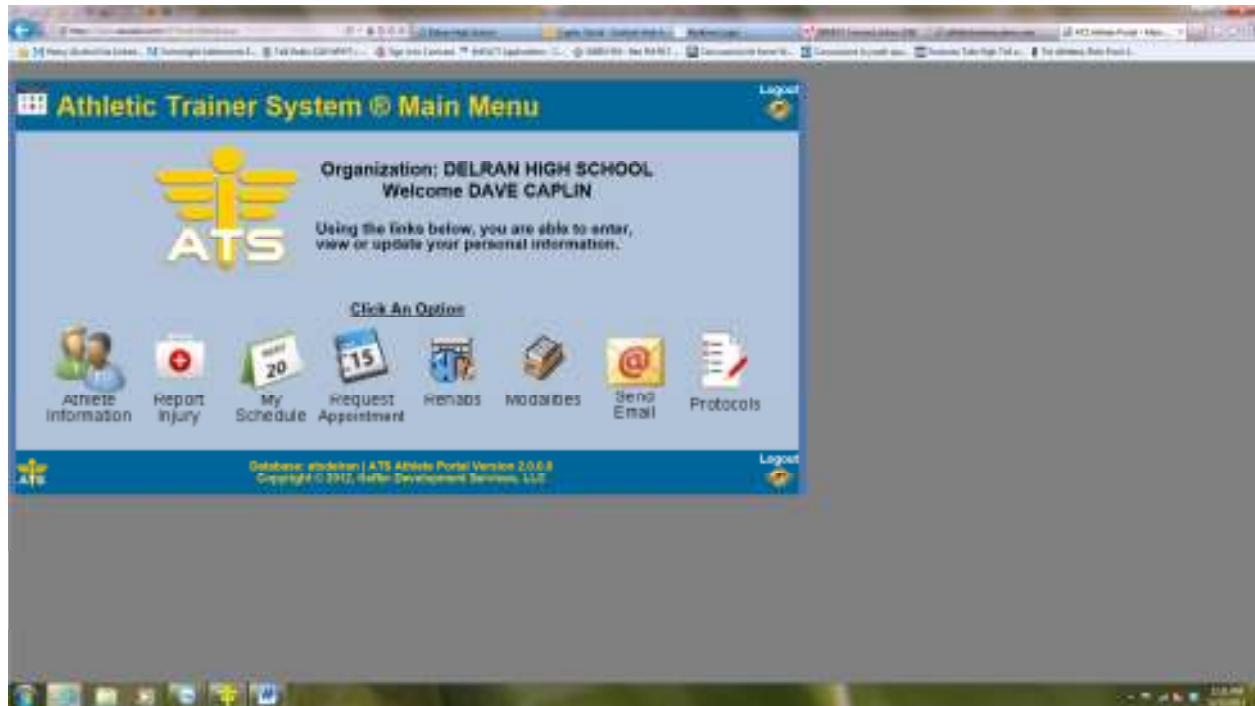
SELECT ATS ATHLETE PORTAL



ENTER “NEW” FOR ATHLETE ID, “NEW” FOR PASSWORD AND “ATSDELRAN” FOR DATABASE.



CLICK ON THE “ATHLETE INFORMATION” ICON.



After registering you will be able use all the other icons. For example when you “Report Injury” Mr. Caplin receives an email with the information you enter and will make arrangements to see you during the school day.

SELECT DHS FOR “ORGANIZATION”. Make sure to choose your team(s), enter you first name, last name, gender, birth date and email address. For “Athlete ID” enter your DHS ID. Create a password of at least 6 characters. You must complete all tan areas. If there are no “Medical Alerts” to declare “none”.

Athlete Information - DELRAN HIGH SCHOOL

General

Select Organizations:

Select Team 1:

Select Team 2:

Select Team 3:

Name:

Gender:

DOB: Format must be mm/dd/yyyy

Phone: Cell:

Email:

Text Address: Get Phone Number From Email

Twitter Tag:

Address:

City: State/Province:

Zip Code: Country:

Additional Information

City: State/Province:

Zip Code: Country:

Additional Address:

City: State/Province:

Zip Code: Country:

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

Upload Athlete Photo:

Alternate ID:

Password: At least 8 characters using numbers and letters.

Year:

Blood Type:

Driver #:

Passport #:

Medical Alerts (Size limit 200):

No PHOTO AVAILABLE

(Suggested Size: 160x200)

Browse...

ATHLETE PORTAL
At least 8 characters using numbers and letters.

Year:
Blood Type:
Driver #:
Passport #: (Suggested Size: 160x200)

Medical Alerts (Size limit 200):

Allergies (Size limit 200):
Current Medications (Size limit 200):

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

Database: athleteportal ATH Athlete Portal Version 2.0.2
Copyright © 2012, Walter Development Services, LLC

ONCE YOU HAVE COMPLETED ENTERING YOUR INFORMATION, CLICK THE “SAVE ATHLETE INFORMATION” BUTTON. Keep your ID and password handy as you will need them for check-in at the Athletic Training Room, to make appointments, enter injury information and update information each competition season.

AFTER SAVING YOU’LL SEE THIS SCREEN. You must complete the following Tabs: Insurance, Contacts and Athletic Forms.

Athlete Information

General Medical History Immunizations/Paperwork Insurance Contacts **Athlete Forms** eFiles

Name:
(First) (Last)
Gender: DOB: (Format should be mm/dd/yyyy)
Phone: Cell:
Email:
Test Address: [Get Phone Carrier Service Info](#)
(123456789@jones.com)
Twitter Tag:
Address:
City: State/Province:
Zip Code: Country:
Additional Address:
City: State/Province:

THERE ARE FIVE (5) SEPARATE FORMS under Athletic Forms in the dropbox to complete. Select a form and click “New”. You will be taken to the page requiring completion. After signing and typing your name you need to click “Sign” and “Save”.

Athlete Information

General | Medical History | Immunizations/Paperwork | 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: Athlete Permission Statement New Save Print/View

Date: Athlete Permission Statement

Save Print/View

Database: prodcham | ATH Athlete Portal Version 2.0.6.8
Copyright © 2012, Marlin Development Services, LLC

THEN SCROLL TO THE TOP AND SELECT THE NEXT FORM FROM THE DROPBOX.

Athlete Information

General | Medical History | Immunizations/Paperwork | Insurance | Contacts | **Athlete Forms** | eFiles

Athlete Forms

Hide Submitted Forms

Form Name	Date/Time Form was Saved	Show Details
Athlete Permission Statement	(2/15/2012 12:14:15 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: Athlete Permission Statement New Save Print/View

Date: Athlete Permission Statement

Save Print/View

Medical Information Update

Please update any injuries or health related problems your child has sustained during his/her previous athletic season or since their last sport physical exam.

Hospitalizations/Operations

	Yes	No