

Instructions for ATS Athlete Portal

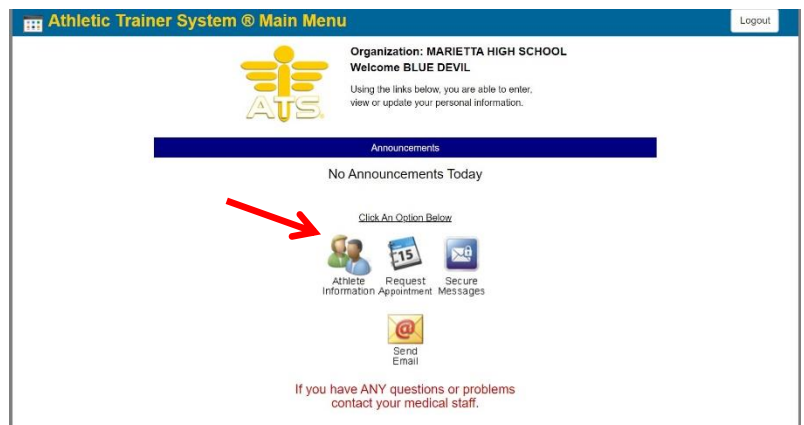
Go to mariettacity2.atsusers.com and login (Use that address exactly, do not add www.)

Username: Student ID

Password: BlueDevil1! (You will be asked to change it when you login the first time)



Once logged in click on Athlete Information

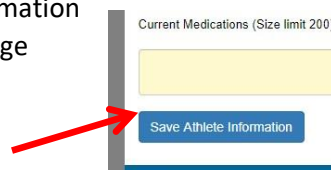


GENERAL

On the General tab, please make sure all information in yellow is up to date and accurate. Use NA if no Medical Alerts, Allergies, or Current Medications. **DO NOT** change the athlete's name.

IMPORTANT:

Click Save Athlete Information at the bottom of the page before moving on.



INSURANCE

On the Insurance tab, to Add, Edit, or Delete to make changes. To edit, click on the insurance company then click "Edit". DO NOT "Add a New Insurance Company"

Athlete Information - MARIETTA HIGH SCHOOL Menu Logout

General Immunizations/Paperwork **Insurance** Contacts Forms eFiles

Insurance No Primary Insurance

Add New Insurance **Edit Selected** **Delete Selected**

Payor#	Plan Info & Physician (PCP)	Policy Holder Information
1	Company: Medicaid Location: Ins. Type: Medical Co. Phone: 800-555-5555 Plans: Plan Type: CoPay: ID #: 1234567890 Group #: Deductible: \$0.00 PCP: PCP Phone: Card Images: No Ins. card images loaded	Name: DOB: SSN: Gender: Athlete's Relation: Address: City: State/Zip: Phone: Employer: Email: Policy Start: Policy End:

~~Apply~~ **Verify Insurance Information**

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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Once you have entered/edited all required information in yellow, added any additional information, and/or uploaded images of your insurance card, please click "Save", then "Close" at the bottom of the page.

Ins Type Name

Phone DOB

Plan Name Gender

Plan Type Street

Copay City / St / Zip

ID # Phone

Group # SS#

Policy Start Athlete's Relationship to Insured

Policy End

Deductible \$ or

Signature On File

Employer Name

Email Address

PCP Name

PCP Phone

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 and the combined size of all three images must be < 5mb.

Upload

Upload Card Images

Card Front (size 2" high x 3" wide) No file chosen

Card Back (size 2" high x 3" wide) No file chosen

Card Front/Back (size 2" high x 6" wide) No file chosen

Save **Close**

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CONTACTS

On the Contacts Tab, use Add, Edit, or Delete to make changes. To edit, click on the contact name then click "Edit".

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General Immunizations/Paperwork Insurance **Contacts** Forms eFiles

Emergency Contacts

Add New Contact **Edit Selected** **Delete Selected**

Contact Order	Contact Name / Relationship / Email / Employment	Phone #s	Notes
1	Big Devil Father bluedevel@gmail.com Not Employed	Primary: none Cell: 770-555-5555 Work:	

Verify Emergency Contact Information 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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FORMS

On the forms page, choose the form to complete in the "Form Name" drop down menu then click "New"

Answer all questions.

At the bottom of the page, click on the box to agree to use electronic signatures, type both student and parent names in the boxes, then click on sign next to each name.

Once the form is complete and signed, click on "Save" at the bottom of the page.

If you have any problems or questions, please contact Jeff Hopp at jhopp@marietta-city.k12.ga.us.

Athlete Information - MARIETTA HIGH SCHOOL

General Immunizations/Paperwork Insurance Contacts Forms eFiles

Athlete Forms

No athlete forms found.

Hide Forms Scroll Down Scroll Up Hide Instructions

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.

Form Name Athletic Consent Form Date No entries found for form

New Save

* Items required to be filled out.

Question / Your Answer

Consent for Athletic Participation

Q 1: **Warning:** Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OR INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the risk.

Participants can and have the responsibility to help reduce the chance of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.

By signing this permission form, you acknowledge that you have read and understand this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I (we) hereby give consent for my son/daughter to:

- (1) Compete in athletics at Marietta High School/Marietta Middle School in Georgia High School Association approved sports;
- (2) Accompany any school team of which the student is a member on any of its local or out-of-town trips;
- (3) Have his/her injuries evaluated and receive appropriate treatment/OTC medication from the MCS Athletic Trainer;
- (4) and, I hereby verify that the information on this form is correct and understand that any false information may result in my son/daughter being declared ineligible.
- (5) Students found illegally rolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) full year.

This acknowledgment of risk and consent to allow participation shall remain in effect until revoked in writing. *

A 1: Yes

Athletics Policy

Q 2: Marietta High School Athletics Policy

A 4: Yes

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Please read the [Electronic Record and Signature Disclosure](#)

I agree to use electronic records and signatures.

Athlete/Student Signature

* Signed By: Sign

Parent/Guardian Signature

* Signed By: Sign

Save

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A 4: Yes

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Athlete/Student Signature

Digitally Signed: 05/05/2020 6:08 PM

Blue Devil

Signed By: Blue Devil

Parent/Guardian Signature

Digitally Signed: 05/05/2020 6:08 PM

Big Devil

Signed By: Big Devil

Save

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