



RIT Athletics Pre-participation Clearance for Returning Athletes

Returning athletes should be familiar with the ATS software. You should know your “Athlete ID” and “Password” required to access your account, if not please email Ben Emke at bweatl@rit.edu. **Do Not create a new file.** To access ATS, open your internet browser and type or paste rit2.atsusers.com -no www or http://. The ATS Web Portal Login Screen will appear and the database, atsrif, should already be filled in. Enter your provided login information. As previously stated, please contact Ben Emke or any of the staff athletic trainers for any login issues.




Deaf and Hard-of-Hearing Athletes ASL interpretation of this instruction packet can be found at the following website: <http://www.ntid.rit.edu/athletes/athlete-development/clearance-info> Please choose the Returning Students – Instructions (ASL) option.

Athlete Information (main menu option)

General Tab

- Please verify that information already completed is correct.
- Phone – best means of contacting you...this may be your cell number.
- Enter/update cell number and text address so that we can contact you in an efficient manner.
- Make sure we have the best email address for communicating with you.
- Directions are provided for entering text address next to the entry field if you click on the link.
- Primary address is your school address.
- Additional address should be your non-school address.
- If you have not done so - Change your athlete ID to match your student ID number (no spaces or dashes/hyphens).
- Make sure your year corresponds to your eligibility status.
- **Do not provide Driver # or Passport #**
- Update medications.
- Verify Athlete Information
- Save

Insurance Tab

- Review Health Insurance (health insurance is required for intercollegiate participation).
- If no change in your insurance information, you can click “Verify Insurance Information” button. If your insurance information has changed, please edit current information or add the new insurance information.
 - Click  Add to add a new or additional insurance.
 - Click  Edit to edit the information displayed.
 - Please  Delete any insurances listed that are no longer valid.
- **If your insurance has changed we need a copy of the front and back of your new card.** Uploading a photo of your card in this section is recommended (the photo needs to be sized so that it is legible); otherwise a legible hard copy can be provided at scheduled clearance appointment.
- **Do not provide SSN**

- Necessary info if editing or entering new information
 - Insurance company
 - Payor #, this refers to level of billing (primary insurance = 1, secondary = 2...)
 - Policy number/subscriber ID number
 - Service phone number
 - Group number if there is one
 - Policy holder name and DOB
- Verify Insurance Information

Contacts Tab

- Make sure contact information is accurate and up to date
- Provide as many emergency contacts as necessary
- Verify Emergency Contact Information

Forms Tab

- The “Sickle Cell Trait Testing Waiver” and “Pre-Participation” forms are only required to be completed once and should have been completed as part of first year clearance.
- The following forms need to be completed in this section (annually).
 - Acceptance of Responsibilities/Risk
 - Drug/Alcohol Education & Testing Program Student-Athlete Consent Form
 - HIPPA
 - Student-Athlete Concussion Statement
- Choose the form to be completed and click the “new” button.
- Answer questions
- Provide signature
- Type Name
- Click “sign” button
- Parent/Guardian Signature – if necessary
- Save

eFiles Tab

- Health History Update - **Necessary**
 - This takes place of having a physical after initial first year clearance.
 - Click “view” option
 - This is a WORD document that will allow editing (filling in the blanks and checking boxes). If you do not have WORD, progress to next step.
 - Print
 - Fill out athlete portion (if necessary), sign, and date form
 - Bring to clearance appointment
- Medication Exemption Form (if necessary and if we do not have on file. Recommended to have completed anytime prescription is renewed with provider appointment)

*** If you utilize an inhaler for any condition including asthma, please provide medical documentation that supports diagnosis and prescription. This documentation will be kept on file to support exemption in the event that you test positive for a banned substance (due to inhaler use) through NCAA drug testing.

Please have all Pre-Participation requirements completed in a timely manner prior to clearance appointed time. The sports medicine staff can review your ATS file prior to clearance and expedite the clearance process if required steps are completed **at least** a week prior to clearance appointment. Contact Ben Emke with concerns or issues. Thank you for your attention to these requests.

Ben Emke

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