


## RETURNING ATHLETES

1. Go to [mnsu2.atsusers.com](https://mnsu2.atsusers.com)
2. Initial login:
  - a. Athlete ID: StarID
  - b. Password: \*the password you created last year\*
  - c. Database: atsmnsu

**Athletic Trainer System® Athlete Portal Login**



**ATS**

Athlete ID:

Password:

Database:


[Forgot your Password?](#)

[Forgot your Athlete ID?](#)

[Login](#)

If you forgot your athlete ID or password, try resetting it here. If you need help, contact your athletic trainer.

If you have ANY questions or problems contact your medical staff.



Database: atsmnsu | ATS Athlete Portal Version 2.0.0.0  
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3. Go to **Athlete Information**.

**Athletic Trainer System® Main Menu**

Organization: MINNESOTA STATE UNIVERSITY, MANKATO  
Welcome TESTY TEST

Using the links below, you are able to enter, view or update your personal information.

**Click An Option**

**Athlete Information**

Report Injury

My Schedule

Request Appointment

Rehabs

Modalities

Strength

Send Email

Protocols

Pick Protocols

If you have ANY questions or problems contact your medical staff.

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## RETURNING ATHLETES

4. Review your information and make any updates.
5. Change your **Athlete ID** to your **Tech ID**!!

**Athlete Information - MINNESOTA STATE UNIVERSITY, MANKATO**

General | Contact \* | eFiles

Yellow colored items are required to be filled out.

Select Team 1:

Select Team 2:

Select Team 3:

Name:  (First)  (Middle)  (Last)

Gender:  DOB:  Format must be mm/dd/yyyy

Phone:  Cell:

Email:  SSN #:

Text Address:  (1234567890@domain.com) [Cell Phone Carrier Domain Info](#)

Twitter Tag:

Mankato Address:

City:  State/Province:

Zip Code:  Country:

Home Address:

City:  State/Province:

Zip Code:  Country:

**Athlete StartID** **Tech ID\*\*\***

Used to log into the ATS Athlete Portal and Kiosk

Alternate ID:

Password:

Upload Athlete Photo:

6. DO NOT change the "Year"
7. Update Medical Alerts/Allergies/Medications

**PHOTO AVAILABLE**

Year:

Blood Type:

Driver #:

Passport #:

Race:

Marital:

Ethnicity:

Employed:

Preferred Hospital Information:

Family Physician Information:

Medical Alerts (Size limit 200):

Allergies (Size limit 200):

Current Medications (Size limit 200):

**Save Athlete Information**

**Use Drop Downs or type in Medical Alerts/Allergies/Medications**

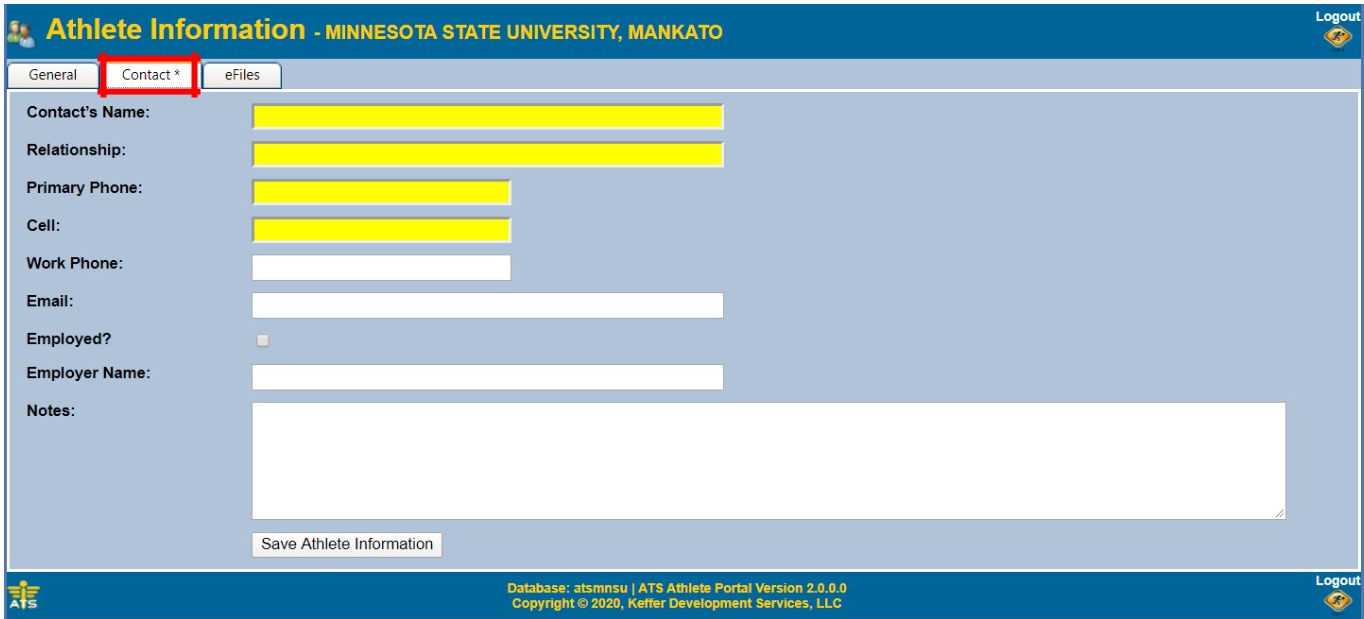
**ENTER "N/A" IF YOU HAVE NONE**

8. Make sure to "Save Athlete Information" at the bottom of the page.

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## RETURNING ATHLETES

- Next Select the **Contact** tab at the top of the page.
- Update Emergency Contact information.
- Select "Save Athlete Information".



**Athlete Information - MINNESOTA STATE UNIVERSITY, MANKATO**

General **Contact \*** eFiles Logout

Contact's Name:

Relationship:

Primary Phone:

Cell:

Work Phone:

Email:

Employed? ☐

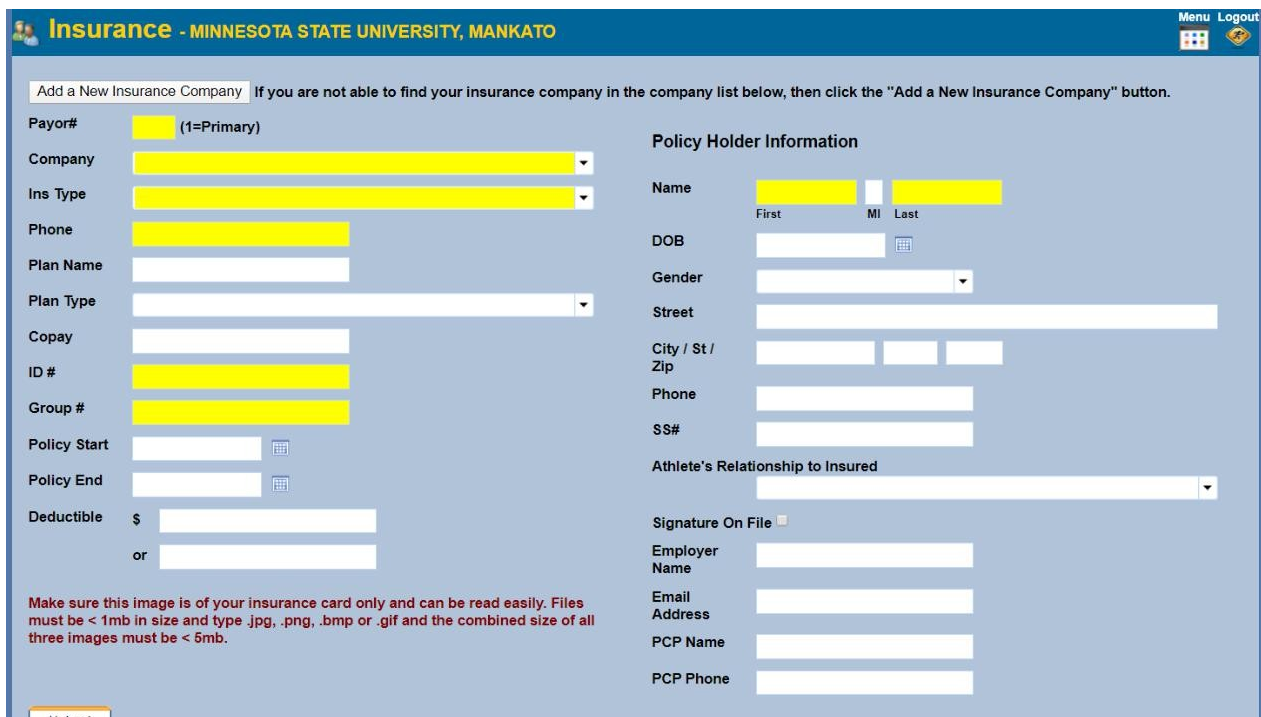
Employer Name:

Notes:

Save Athlete Information

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- Go to the **Insurance** Tab.
- Update insurance information.
- Upload \*CLEAR\* pictures of the front and back of your NEW insurance card for this year.
- Save once everything is complete.



**Insurance - MINNESOTA STATE UNIVERSITY, MANKATO**

Menu Logout

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.

Payor#  (1=Primary)

Company

Ins Type

Phone

Plan Name

Plan Type

Copay

ID #

Group #

Policy Start

Policy End

Deductible \$

or

**Policy Holder Information**

Name

First MI Last

DOB

Gender

Street

City / St / Zip

Phone

SS#

Athlete's Relationship to Insured

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

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## RETURNING ATHLETES

16. Next go to the **Forms** Tab.
17. Select the "Form Name" drop-down.
18. Select each form in the drop-down menu and select "New".  
\*\*\*DO NOT complete the ADD/ADHD forms, unless you have ADD/ADHD
19. Answer all questions on the form, "esign" in the box at the bottom and type name.
20. Save each form and go to the next.
21. \*You must complete all these forms again even though you've done them in past years\*

**Athlete Information - MINNESOTA STATE UNIVERSITY, MANKATO**

General Insurance Contacts **Forms** eFiles

**Forms**

Hide Submitted Forms

Form Name Date/Time Form was Saved Show Details

No records found.

Page Size 5

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. After completing the PPE History form please save the form and print. Please take this to the doctor with your printed physical form.

\* Items required to be filled out.

Form Name:

Date:

New Save

Acknowledgement of Immunization Reporting

Acknowledgement of Insurance

ADHD Info-Only complete if you have ADHD or ADD

ADHD Self Reporting-Only complete if you have ADHD or ADD

Concussion Reporting Form

Concussion Self Reporting Acknowledgement

Forewarning form

HIPAA

PPE History Form

Sickel Cell Trait Waiver

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**Athlete Information - MINNESOTA STATE UNIVERSITY, MANKATO**

General Insurance Contacts Forms **eFiles**

**Electronic Files**

Click the Download button for the file you wish to view.

Electronic Files provided by the athletic training staff.

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

Electronic Files uploaded by the athlete.

Upload an Electronic Document:

Description:

Document Type:

File:  No file chosen

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