Dear New Jefferson College Athlete:

Prior to participating on an athletic team for Jefferson College, athletes must provide your current address, emergency contacts, insurance, medical alert and health history information. Athletes must also have a current physical on file. To expedite this process Jefferson College uses an online data entry system to keep your electronic medical records (EMR’s) and personal health records (PHR’s).

You will have to enter your information, enter current Insurance information, upload an insurance card (if applicable), complete a Medical History, upload a current physical, and electronically sign all 2019-2020 forms. **BE AWARE, you will not participate in practice until all information is complete.**

**ALL FORMS MUST BE COMPLETED BY JULY 30TH.**

To enter your information, visit [www.swol123.net](http://www.swol123.net). The first time you visit the website you will need to click the “Join SportsWare” and follow the instructions below.

### Joining SportsWare Online

<table>
<thead>
<tr>
<th>Instruction</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go to <a href="http://www.swol123.net">www.swol123.net</a>.</td>
<td><img src="https://example.com/image1.png" alt="Image" /></td>
</tr>
<tr>
<td>Scroll to the middle of the screen and click the Join SportsWare button.</td>
<td><img src="https://example.com/image2.png" alt="Image" /></td>
</tr>
<tr>
<td>Enter our School ID:</td>
<td><img src="https://example.com/image3.png" alt="Image" /></td>
</tr>
<tr>
<td>The school ID is <strong>JeffCo Athletics</strong></td>
<td><img src="https://example.com/image4.png" alt="Image" /></td>
</tr>
<tr>
<td>Then click the Next button</td>
<td><img src="https://example.com/image5.png" alt="Image" /></td>
</tr>
<tr>
<td>Enter your First Name, Last Name, JeffCo email address and Group</td>
<td><img src="https://example.com/image6.png" alt="Image" /></td>
</tr>
<tr>
<td>(SportsWare College) click the Send button.</td>
<td><img src="https://example.com/image7.png" alt="Image" /></td>
</tr>
</tbody>
</table>
Your request to join SportsWare will then be sent to the Athletic Trainer for review.

*You will be approved within a 24 hour period. You do not get approved immediately.

Once your request is accepted you will receive an e-mail with the Subject “SportsWare request accepted”.

Open the e-mail and click the www.swol123.net link to continue to SportsWareOnLine.

Remember your login and password information for future use. This will be how to access your PHR’s for the entirety of your JeffCo student-athlete career.

### Setting Your Password

<table>
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<tbody>
<tr>
<td>Go to <a href="http://www.swol123.net">www.swol123.net</a></td>
<td><img src="example.png" alt="Example" /></td>
</tr>
<tr>
<td>Enter your Email Address and click the <strong>Reset Password</strong> button.</td>
<td><img src="example.png" alt="Example" /></td>
</tr>
<tr>
<td>You will receive an e-mail with the Subject “SportsWareOnLine Password Request”.</td>
<td><img src="example.png" alt="Example" /></td>
</tr>
<tr>
<td>Open the e-mail and click on the link to reset your password. Enter your e-mail address, new password and click the <strong>Save</strong> button.</td>
<td><img src="example.png" alt="Example" /></td>
</tr>
</tbody>
</table>
Entering Your Information

<table>
<thead>
<tr>
<th>Instruction</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go to <a href="http://www.swol123.net">www.swol123.net</a></td>
<td><img src="image-url" alt="Example Image" /></td>
</tr>
<tr>
<td>Enter your Email Address and click the <strong>Login</strong> button.</td>
<td><img src="image-url" alt="Example Image" /></td>
</tr>
<tr>
<td>To the right is your Dashboard page.</td>
<td><img src="image-url" alt="Example Image" /></td>
</tr>
<tr>
<td>At the top of the page is the Menu Bar.</td>
<td><img src="image-url" alt="Example Image" /></td>
</tr>
<tr>
<td><strong>My Info:</strong> Update your address, emergency contact and insurance information. <em>Details on how to complete these sections can be found on pages 3-5)</em></td>
<td><img src="image-url" alt="Example Image" /></td>
</tr>
<tr>
<td><strong>Med History:</strong> Complete a Medical History questionnaire <strong>COMPLETELY!</strong> <em>(Details on how to complete this section can be found on page 7)</em></td>
<td><img src="image-url" alt="Example Image" /></td>
</tr>
<tr>
<td><strong>Forms:</strong> Complete required paperwork. Note: SportsWare will also display “You have 0 forms to complete/download”. Note: this is where you upload your physical. <em>(Directions can be found in Appendix B)</em></td>
<td><img src="image-url" alt="Example Image" /></td>
</tr>
</tbody>
</table>

Thank you for your prompt help. If you have any questions, please contact the athletic office at 636-481-3394 for assistance.

Sincerely,

Gregg Crain, ATC

*IMPORTANT: THESE GUIDELINES START ON THE NEXT PAGE:*
Dashboard Page:
- Forms
  - This section will tell you how many forms you have to complete
- Status
  - This section will tell you if your Athlete Information and Medical History are complete or incomplete
- Notices & Handbooks
  - This section contains all documents that you will need to read in order to complete your forms

My Info Tab (on the Menu Bar):
ALL LINES MARKED WITH A RED ASTERISK ARE REQUIRED TO BE COMPLETED.
- General Tab:
  - General Section:
    - ID = JeffCo V number
    - Class = Academic Year
    - Gender = Female or Male
    - Birth Date = Birth Date
  - Sports/Group Section:
    - Sport1 = Primary Sport (f = female, m = male)
    - Sport2 = Secondary Sport (f = female, m = male) – if playing more than one sport
    - Group = SportsWare College

- Address Tab:
  - Primary Address Section = Permanent Home Address
    - International Student-Athletes please provide us with your full mailing address in this section; State = N/A if not applicable; Zip Code = Postal Code
    - Address = Street number and name, PO Box
    - City = City/Town
    - State = State
    - Zip = Zip code
    - Country = Country
    - Phone = House phone # or N/A if you don’t have a landline
  - Secondary Address Section = school apartment address

**If you do not know your school address information you can give it to us as soon as you know it.
If your Secondary Address is the same as your Primary Address, type “Same as Primary” in the address line for secondary address.
If your Secondary Address is different than your Primary Address, complete the following items:
  - Address = Street number and name, PO Box
  - City = City/Town
  - State = State
  - Zip = Zip code
  - Country = Country
  - Cell = Student-Athlete’s US cell phone #
  - E-Mail Address = JeffCo E-Mail
Emergency Tab:

- **Emergency Contacts** = Two people you are allowing the Athletic Training Department to contact in case of an emergency. **Both Primary and Secondary Contacts are REQUIRED!**
- **Primary Emergency Contact Section:**
  - *International Student-Athletes please provide us with his/her full mailing address in this section; State = N/A if not applicable; Zip Code = Postal Code*
    - First = First Name
    - Last = Last Name
    - Relationship = His/her relationship to you
    - Address = Street number and name, PO Box
    - City = City/Town
    - State = State
    - Zip = Zip code
    - Country = Country

Emergency contact must have at least one phone number to be reached at.
- ☐ Home Phone = House phone # or N/A if he/she does not have a landline
- ☐ Work Phone = Work phone # with extension or N/A if he/she does not have one
- ☐ Cell Phone = Cell Phone # or N/A if he/she does not have one
- ☐ E-mail = E-mail. If they do not have an email, type xxx@xxx.xxx

- **Secondary Emergency Contact Section:**
  - *International Student-Athletes please provide us with his/her full mailing address in this section; State = N/A if not applicable; Zip Code = Postal Code*
    - First = First Name
    - Last = Last Name
    - Relationship = His/her relationship to you
    - Address = Street number and name, PO Box
    - City = City/Town
    - State = State
    - Zip = Zip code
    - Country = Country

Emergency contact must have at least one phone number to be reached at.
- Home Phone = House phone # or N/A if he/she does not have a landline
- Work Phone = Work phone # with extension or N/A if he/she does not have one
- Cell Phone = Cell Phone # or N/A if he/she does not have one
- E-mail = E-mail. If they do not have an email, type xxx@xxx.xxx

Insurance Tab:

- **Primary Insurance Company Section:**
  - Company = Health Insurance Company Name
  - Address = Health Insurance Company Claims Address (can be found on back of health insurance card)
  - Address = Street number and name, PO Box
  - City = City/Town
  - State = State
  - Zip = Zip code
  - Phone = Health Insurance Company Customer Service Phone Number (can be found on the back of health insurance card)
- Policy Holder Section:
  - Name = Policyholder’s first and last name
  - Birth Date = Policyholder’s Birth Date
  - ID = Member ID # (found on your Insurance card if applicable)

- Policy Information Section:
  *Any information not known below, please contact your insurance provider to obtain the information. N/A is not acceptable in this section.*
  - Policy = Policy #
  - Plan = Group #/Plan #
  - Type = Type of Insurance (PPO, HMO, HSA, POS, Medicaid, Open Access)
  - See First = Leave blank
  - Phone = Policyholder’s best contact phone #

- Insurance Card Section:
  - Upload Insurance Card = You must scan a copy of the front AND back of your health insurance card and upload that copy in this section. See Appendix A to do this with your phone.

  o Medical Tab:
    - Alerts Section:
      - Alerts = Any medical condition that the Athletic Training Department should know (Ex: allergies, asthma, sickle cell, diseases, etc.). If your condition is not on the drop down menu, mark “Other”. If you do not have any conditions to report, you must mark N/A in the first Alert box.
    - Immunization Section:
      - Immunizations = Leave blank
    - Drugs Taken Section:
      - Medication = name of any medication taken on a regular basis
      - Notes: Use this section to type the specific medications/supplements/vitamins you are currently taking. *If you use an inhaler, specify the type of inhaler you use in this section. If you are not on any medications/supplements/vitamins you must mark N/A.

  o Doctor Section:
    - Doctor = Primary Physician first and last name
    - Phone = Primary Physician’s office phone #
    - If you do not have a primary physician, you must mark N/A in both sections.

  o Paperwork Tab:
    - You do not need to complete anything in this section
• Medical History Tab (on the Menu Bar):
ALL LINES MARKED WITH A RED ASTERISK ARE REQUIRED TO BE COMPLETED.
  o General Section:
    ▪ Date = Date you are submitting this form
    ▪ Evaluator = Leave Blank
    ▪ Sport = Primary Sport
  o In the items that follow the General Section:
    ▪ Family History section pertains to your immediate family = please state who had/has the condition, what the condition was/is, and the year it was diagnosed.
    ▪ If the question does NOT have Family History then the question is in regards to the student-athlete’s health.
    ▪ If you answer YES to any questions, you MUST provide an explanation in the comment section. Please state when the injury/condition occurred, diagnosis, and the condition/injury sustained (Ex: 3/10, UCL sprain).
    ▪ If you are a male, you do not need to complete the Female Section at the end of the Medical History. You can leave those questions blank or mark “No”.

• Forms Tab (on the Menu Bar):
  o Physical – See Appendix B for instructions to upload physical. It can be uploaded by your phone or by scanning it.
  o All other forms will be verified using electronic signatures.
    ▪ The Student-Athlete’s electronic signature is needed on all forms EXCEPT the Acknowledgment of Insurance Form. The POLICYHOLDER’S electronic signature is the ONLY signature needed for this form. The student-athlete will electronically sign ONLY if they are the sole POLICYHOLDER.

  o How to Open a form & Electronically Sign and Submit it:
    ▪ Select a form by clicking “Select” to the left of the form in the gray box.
    ▪ Once it is highlighted, click “Open” on the left of the screen.
    ▪ Once the form is opened, read through the entire document and COMPLETE ALL SHADED BOXES throughout the form.
    ▪ Once you have read and completed all boxes, select the “Save & Submit” button at the top of the screen. Once you electronically sign the document you will not be allowed to go back in and make any changes to the document. If you do not want to submit the form but save what you have done, click the “Save” button and you can come back to the document later to make changes to it.
    ▪ This will prompt the electronic signature box to appear as shown in the picture on the next page.
Read the statement and complete the boxes with First Name, Middle Initial (MI), Last Name, and check the box for “I acknowledge that I am electronically signing this request.”

Then click “Submit” button, a box will be prompted that states, “You will not be able to make any changes after this”. MAKE SURE THE FORM YOU ARE SUBMITTING IS ACCURATE AND COMPLETE BEFORE CLICKING OK and click “Ok” button.

Repeat these steps for all of the forms in the Forms Section

Thank you in advance for completing this process. If you have any questions, please contact the Athletic Training Department for assistance:

Gregg Crain 636-481-3393
Debbie Maples 636-481-3394

Sincerely,
Jefferson College Athletic Department
Appendix A

How to upload your insurance card from a smart phone

Step 1: Take a picture of the front of your insurance card (make sure all numbers are legible)
Step 2: Take a picture of the back of your insurance card (make sure all numbers are legible)
Step 3: Email the pictures to your email from your phone.
Step 4: Get on a computer and open the email with the pictures.
Step 5: Save the pictures to your computer or flash drive.
Step 6: Log onto your SportsWare (www.swol123.net) profile and click 'My Info'.
Step 7: Click on the insurance tab at the top of the page.
Step 8: At the bottom of the insurance tab, in the upload section, click the 'Choose file' button and find the saved picture of the front of your insurance card. Select the file and click 'Open'.
Step 9: Click the ‘Add’ button on the SportsWare site for the Front Uploaded section (meaning upload the front of your insurance card).
Step 10: Repeat steps 8 & 9 for the back of your insurance card. Make sure to upload the back of your insurance card to the Back Uploaded section.
Step 11: Once file has been added to the insurance tab, click ‘save’ at the top of the page and your insurance card will be uploaded.
Step 12: To ensure that the card is uploaded, go back into the 'My Info' section and click on the insurance tab. At the bottom of the page, in the upload section, click 'Open'. This should open the documents that you just uploaded of your insurance card.
Appendix B

How to upload your physical from a smart phone:

Step 1: Take a picture of all the pages of your physical

Step 2: Email the pictures to your email from your phone.

Step 3: Get on a computer and open the email with the pictures.

Step 4: Save the pictures to your computer or flash drive.

Step 5: Log onto your SportsWare (www.swol123.net) profile.

Step 6: Click on Forms at the top of the page.

Step 7: Click the “Add” button

Step 8: Click the “Choose file” button and find the saved pictures of the physical. Select the file and click “Open”.

Step 10: Repeat steps 7 & 8 for each additional page of the physical.

Step 11: Title the file “Physical”

Step 11: Once file has been titled, click “OK” at the right side of the page and your physical will be uploaded.

Step 12: To ensure that the physical is uploaded, go back into the “Forms” section and click on the Select button beside the physical and click “Open”. This should open the documents that you just uploaded of your physical.

* If scanning, save physical to computer or flash drive. Continue following directions at Step 5.