

Dear Student-Athlete and Parent/Guardian,

Prior to participating on a sports team at Bishop Amat High School, each athlete must provide the Athletic Department with a current address, an emergency contact, insurance, medical alert, and health history information. To expedite this process the Athletic Department uses **SportsWare**, a secure online data entry system.

Specific instructions are provided on the following pages for both new and existing members. Please provide all information that is applicable. If this information changes during the year, please login to update the information. The software will allow you to use the same email address for multiple siblings, but you must choose a different password for each athlete.

All students must have a current physical (valid for one year) on file in the Athletics Office. <u>Physical Evaluation Forms are to be completed by a Medical Doctor (MD)</u> <u>or Doctor of Osteopathy (DO) ONLY.</u> Physicals completed by ANY OTHER practitioner, including but not limited to PA, RN, LVN, NP, DC, CANNOT be accepted as is our school policy. Original must be submitted to the Athletics Office.

The Athletic Fee for the entire school year will be **<u>\$175.00 paid in the Athletic</u>** <u>Office</u> <u>and is mandatory in order to be cleared</u>. Please write student's ID number on your check.

If you have any questions, please contact the athletic office at 626-962-2495 ext. 7412.

Your help and patience is appreciated.

SportsWare Online

Instructions to Complete Online Information

Bishop Amat Memorial High School

Joining SportsWareOnLine

Instruction	Example
Go to www.swol123.net	 Ø SportsWareOnLine[™] [] - Windows Internet Explorer O ▼ www.swol123.net
Scroll to the middle of the screen and click the Join SportsWare button.	Reset Password' button. JOIN SPORTSWARE
Enter your First Name, Last Name, Email address and School ID and click the Send button. <i>The School ID is:</i> BAHS <i>NOT your student ID number.</i>	Please input your information to join SportsWare First Name
Your request to join SportsWare will then be sent to the Athletic Trainer for review.	Message from webpage Your information has been saved. You will receive an e-mail when your request has been accepted by the school OK
Once your request is accepted you will receive an email with the Subject <i>"SportsWare OnLine Password Request".</i> Open the e-mail and click the www.swol123.net link to continue	Subject SportsWare request accepted

Setting Your Password

Instruction	Example
Go to www.swol123.net	Ø SportsWareOnLine™ [] - Windows Internet Explorer ▼ 2 www.swol123.net
Enter your Email Address and	E-Mail: student@college.edu Password: Login Reset PAssword
click the Reset Password	
button.	
You will receive an e-mail with	Online Access
the Subject "SportsWareOnLine	Online Access e-Mail
Password Request".	New Password
	Confirm Password
Open the e-mail and click on	
the link to reset your password.	
Enter your e-mail address, new	
password and click the Save	
button.	

Updating Your Information

Instruction		Example		
Go to www.swol123.net	Ø	SportsWareOnLine [™] [] - Winde	ows Internet Explorer	
Enter your Email Address and click the Login button.	E-Mail: student@college.edu	Password:		RESET PASSWORD
At the top of the page is the Menu Bar.	My Info	Med History	Forms	Print
My Info: Update your address, emergency contact, and insurance information.				
Med History: Complete a				
yearly.	Forms	You have 0 form	to complete/do	wnload
Forms: View/complete required paperwork. Note: SportsWare will also display "You have ? forms to complete/download".				
Print: Print My Info and Medical History data.				

Thank you for your prompt help. If you have any questions, please contact the athletic office at 626-962-2495 x 7412 for assistance.

ALL ATHLETES MUST COMPLETE THE FOLLOWING TO BE CLEARED

****** ORIGINAL PHYSICAL EVALUATION FORM MUST BE SUBMITTED TO THE ATHLETIC OFFICE IN PERSON.

** \$175 ATHLETIC FEE MUST BE PAID IN THE ATHLETIC OFFICE.

** ALL ATHLETE INFORMATION MUST BE COMPLETE.

** ALL MEDICAL HISTORY INFORMATION MUST BE COMPLETE.

** ALL ONLINE FORMS MUST BE E-SIGNED AND COMPLETED BY A PARENT OR GUARDIAN.



All se	ections in the "My I VARE TM	nfo" tab must be	e completed.	e Luis Athlete: C	"Pap This is what has b Once has b a dat next	erwork" tab will tell you paperwork een reviewed. a document een reviewed, e will appear to it.
	General	Address	Insulance Medical	SA	VE CANCEL	
General			Online Access			
First Name	Jose Luis	*	Online Access e-Mail			
Last Name	Chavez		Existing Password ***	***	*	
ID	10015		New Password			
SEN	18015		Confirm Password			
Class	20.2					
Class	2018	· · · ·	Decimord Requirements			
Birth Date	Wate	*	Must be at least 6 character	s long.		
		7				
All fiel asteris compl	ds marked with a re k * must be eted, in all sections.	ed	Athlete Picture Brow Sports/Group Sport 1 Sport 2 Sport 3 Current @ Spo	wse_ No file selected. Add (rt 1 © Sport 2 © Sport 3	Delete • •	
	_		Group: Bishop	o Amat HS	*	
		You must choose any time you cha must change you also.	a sport. If at nge sports you r sport online			

Click the "**Paperwork**" tab. If your child's physical has been reviewed and accepted you will see an expiration date located in the field below. **Physicals expire 1 year from the date of exam.**

Page: Athlete Paperwork	Institution: Bishop Amat High School	Current User: Chavez, Jose Luis Athlete: Chavez, Jose Luis	s
	General Address Emergency	V Insurance Medical Paperwork	
		SAVE	ANCEL
Physical Expiration	05/03/2016	Save	
Physical Expiration Asthma Action Form	05/03/2016		ANCEL

The Athletic Fee for the entire school year will be **\$175 paid in the Athletic Office.** <u>Payment is</u> <u>MANDATORY in order to be cleared</u>. Please write the student's ID number on your check. Once the Athletic Fee has has been paid and accepted, you will see the "Fee Paid On Date" located in the field above. The "**Medical History**" tab must be completed. "Click" on tab to access. Any incomplete **Medical History** will prevent an athlete from being cleared.

Info	Med Hi	story	Forms	Print		Logou
< Sun Mo	May 2 n Tue Wo	015 ed Thu	> Fri Sat	Forms	You have 9 form(s) to complete/download	WHAT'S NEW
3 4 10 11 17 18 24 25 31 1	5 6 12 1 3 19 2 5 26 2 2 3	5 7 3 14 0 21 7 28 3 4	8 9 15 16 22 23 29 30 5 6	Status Your Athlete Information is INCOMPLETE. Please click here to complete it. Your Medical History is INCOMPLETE. Please click here to complete it. Game Status: Practice Status: Cleared To Play: No		Change Photo
				Notices And Handl	pooks	
					Title	
				Open	Asthma Action Plan	
				Open	PRINT PRIOR TO ON-CAMPUS SUMMER PHYSICAL- Physical Evaluation Form	
				Open	PRINT PRIOR TO ON-CAMPUS SUMMER PHYSICAL- Gary Souza, PT & Associates Permission Form	
				Referrals		
					No pending referrals	

All questions in the "**Medical History**" tab must be answered. A new **Medical History** is required each school year in order to be cleared.

Page: History General	Institution: Bishop Amat H School	ligh Current User: Cha	vez, Jose Lui s	Athlete: Chavez, Jos	e Luis
				SAVE	CANCEL
General					
Date 04/26/2016	* Evaluator	[▼ õp	ort Football, Varsity	•
* - All items are required to be an	nswered				
I	tem	Yes/No		Comment	
Have you had a medical illness o sports physical?	r injury since your last check up or	-			
Do you have an ongoing or chro	nic illness?				
Have you ever been hospitalized	overnight?	•	\leftarrow		
Have you ever had surgery?		•			
Are you currently taking any pre the-counter) medication or pills of	scription or nonprescription (over- or using an inhaler?				
Have you ever taken any supple or lose weight or improve your p	ments or vitamins to help you gain erformance?				
Have you ever had a rash or hiv exercise?	es develop during or after	-			
Have you ever passed out during	or after exercise?	•	\leftarrow		

Unue vou aver base dissu during as after averaine?

fo Med History Forms	Print	
May 2015 >	Forms	You have 9 form(s) to complete/download
3 4 5 6 7 8 9 0 11 12 13 14 15 16 7 18 19 20 21 22 23	Status Your Athlete Informa	tion is INCOMPLETE. Please click here to complete it.
4 25 26 27 28 29 30 1 1 2 3 4 5 6	Your Medical History Game Status: Practice Status: Cleared To Play: No	is INCOMPLETE. Please click here to complete it.
4 25 26 27 28 29 30 1 1 2 3 4 5 6	Your Medical History Game Status: Practice Status: Cleared To Play: No Notices And Handb	is INCOMPLETE. Please click here to complete it. ooks
4 25 26 27 28 29 30 1 1 2 3 4 5 6	Your Medical History Game Status: Practice Status: Cleared To Play: No Notices And Handb	is INCOMPLETE. Please click here to complete it. ooks Title
4 25 26 27 28 29 30 1 1 2 3 4 5 6	Your Medical History Game Status: Practice Status: Cleared To Play: No Notices And Handb	is INCOMPLETE. Please click here to complete it.
4 25 26 27 28 29 30 1 1 2 3 4 5 6	Your Medical History Game Status: Practice Status: Cleared To Play: No Notices And Handb Open Open	is INCOMPLETE. Please click here to complete it.
4 25 26 27 28 29 30 1 1 2 3 4 5 6	Your Medical History Game Status: Practice Status: Cleared To Play: No Notices And Handb Open Open Open	is INCOMPLETE. Please click here to complete it.
24 25 26 27 28 29 30 11 1 2 3 4 5 6 CALENDAR	Your Medical History Game Status: Practice Status: Cleared To Play: No Notices And Handb Open Open Open Beferrals	is INCOMPLETE. Please click here to complete it.

This is the **"Forms"** section of your athlete's online profile. This is where you will electronically sign all documents. **NOTICE: ONLY PARENTS OR GUARDIANS MAY E-SIGN ALL DOCUMENTS.**



The second secon		PLEASE FILL OUT THIS FORM BEFORE SUBMITTING ELECTRONIC SIGNATURE Code of Ethics - Athletes	•
Experimental information Experimenta		Athletics is an integral part of the school's total educational program. All school activities, curricular and extra- curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.	
1 07 1		As an athlete, I understand that it is my responsibility to:	
		 Place academic achievement as the highest priority. Show respect for teammates, opponents, officials and coaches. Respect the integrity and judgment of game officials. Exhibit fair play, sportsmanship and proper conduct on and off the playing field. Maintain a high level of safety awareness. Refrain from the use of profanity, vulgarity and other offensive language and gestures. Adhere to the established rules and standards of the game to be played. Respect all equipment and use it safely and appropriately. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation. Win with character, lose with dignity. 	
		As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal	
		guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).	
in/complete each	1	By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202 there could be renative for false or fragulated information.	E
document. All re boxes must be fil	led.	We also understand that the Bishop Amat Memorial High School policy regarding the use of illegal drugs will be enforced for any violations of these rules.	
		Name of Student Athlete Date	
		2	
		Name of Legal Guadrian Date	

By entering my name, chec that the information p	king the Electronic Sign rovided herin is true an	ature box, and clicking on t d complete to the best of m	SAVE SAVE & SUBM he button, I certify y knowledge.	Once you "click" save and submit, the electronic
First Name:	MI:	Last Name:	<	signature box will
I a	cknowledge that I am elect	ronically signing this request.		appear.
	Submit	CANCEL		ONLY A PARENT OR GUARDIAN
				DOCUMENTS.
10932 Pine Str	eet	100" ANNIVERSARY	Telephone: 562-493-950	Then "click" Submit
PLEASE FILL	OUT THIS FORM	BEFORE SUBMITTI	Fax: 562-493-6266	TURE

PLEASE COMPLETE THIS PROCESS FOR EACH FORM. ONCE YOU HAVE SUBMITTED EACH DOCUMENT ELECTRONICALLY, YOUR ATLETE'S PROFILE WILL BE UPDATED.

SportsWare OnLine Frequently Asked Questions

What is SportsWare Online?

Prior to participating on a sports team at Bishop Amat High School, each athlete must provide the Athletic Department with a current address, an emergency contact, insurance, medical alert, and health history information. To expedite this process the Athletic Department uses SportsWare, which is a secure online data entry system.

How do I sign into SportsWare Online?

Follow the steps in the SportsWare OnLine Intructions PDF.

I have more than 1 student attending, can I sign up with the same email address?

Yes, you can use the same email address for multiple siblings, but you must choose a different password for each athlete. However, make sure this is an email you use. Also, be sure to check your Junk/Spam folder for emails that are coming directly from SportsWare Online.

What is the "School ID" that SportsWare is asking for when I sign up?

The School ID is **BAHS** NOT your student ID number.

I signed up for SportsWare Online, what do I do now?

The confirmation process after the initial sign up can take up to 5-7 business days. When confirmation of your profile takes place, you will receive an email (to the email address you signed up with) with a link to follow to complete your profile by setting your password and logging into SportsWare for the first time.

I signed up for SportsWare Online, but haven't received a confirmation email.

Make sure you have checked the junk/spam folders from or the email from "admin@swol123.net." If it has been over 7 days since signing up and you still have not received an email there may have been a spelling mistake or other issue when signing up for SportsWare. Please sign up again using that email making sure it is spelled correctly and that "admin@swol123.net" is not set to spam.

How do I electronically sign the "Forms"?

The electronic signature happens after you have completed all empty fields on the form and clicked on the "Save & Submit" button. You will then fill in your name and check a box notifying you that this is an electronic signature. NOTICE: ONLY A PARENT OR GUARDIAN MAY E-SIGN ALL DOCUMENTS.

What do I do if I've been told "My Info" is not completed?

Please see the steps in SportsWareOnLineIntructions PDF for details on filling out the "My Info" section. If you have filled out this section before but are being told it is not complete please make sure all required fields are filled or make sure the fields are filled out and you have clicked on the "Save" button before exiting.

What do I do if I've been told "Forms" are not completed?

Please see the steps in SportsWare OnLine Intructions PDF.

I completed my "Forms" but they were not accepted?

If your form was submitted but not accepted and you are being required to resubmit it, this is because either a required field was left blank or the form was signed by the student-athlete and the electronic signature needs to be done by a parent or guardian.

My computer won't open the "Forms"?

Some compatibility issues may arise when opening the fillable PDF documents. Please make sure your internet browser is up to date and or try viewing and filling out the PDFs on another computer or device. DO NOT just print out the documents as they need to filled out and submitted online.