Dear Student & Parent/Guardian:

Prior to participating on a team at a Prince William County High School, athletes are asked to provide the Athletic Department with current address, emergency contact, medical alert and health history information. To expedite this process PWCS uses an electronic medical records system called SportsWare.

This page is an access point to the PWCS Athletic Training athlete database. Please read and follow the instructions. The system only allows the athletic trainer to accept the athlete into the database with one email. Parent/Gaurdian please complete these directions with your son or daughter.

To enter your information, visit <u>www.swol123.net</u>. The first time you visit the website you will need to enter your personal email address, on file with the school, and click **Get Password**.

Joining SportsWare OnLine (DO NOT SIGN UP MULTIPLE TIMES)



You will receive and
e-mail with the
Subject
"SportsWare
request accepted".

Use the link in the acceptance email. Enter you email address, then click Reset Password. Another email will be generated.

Sign In				
E-Mail: Password:				
	Login			
Reset Password / Forgot Password				

Setting Your Password

Instruction	Example				
You will receive and e-mail with the password reset link Open the e-mail and click on the link to	Parents and Athletes: Please contact your school's athletic training department with all questions. CSMi/SportsWare representatives do not have access to your login information or data.				
Enter your e-mail address, new password and click the Save button.	Online Access Online Access e-Mail New Password Confirm Password				
	Password Requirements: Must be at least 6 characters long. Must have at least 1 number. Must have at least 1 special character !@#\$*()++=[{]};:<> ./?				

Updating Your Information

Instruction	Example							
Go to	Ø SportsWareOnLine™ [] - Windows Internet Explorer							
<u>www.sworr23.net</u>	S www.swol123.net							
Enter your Email								
Address and	Sign In							
the Login button	E-Mail: Password:							
	Logn							
	Reset Password / Forgot Password							
At the top of the	My Info Med History Forms Print Locour							
Bar.	Show @ Today @ This Weak Algarin Pater							
Click on My Info	Sun Mon Tue Wed Thu Fri Sat 24 25 26 27 28 29 30 Forms							
	1 2 3 4 5 6 7 0 9 10 11 12 13 14 Notices And Handbooks							
My Info: Conoral	15 16 17 18 19 20 21 22 23 24 25 26 27 28 No records to display. Change Photo							
Tab: Add the sports	29 30 31 1 2 3 4							
you are playing	Sports/Group							
(Sport 1-Fall, Sport	Sport 1 ROTC							
2-Winter, Sport 3-	Sport 2 Gymnastics,w							
opring).	Sport 3 Lacrosse,w							
Group: Please	Current Cort 1 Sport 2 Sport 2							
select the	Group: Forest Park							
appropriate	Croup Pockruk							
SC1001.	THE GROUP FIELD IS EXTREMELY IMPORTANT!							
Please select a	Sport 1 (Fall)- Cross Country Field Hockey, Football, Volleyball, Golf, Cheer, Color Guard, ROTC, Band							
school name for	Sport 2(Winter)- Basketball, Wrestling, Swim/Dive, Cheer, Gymnastics, Indoor Track, Dance							
the Group, not one	Sport 3 (Spring)- Soccer, Lacrosse, Tennis, Baseball, Softball, Track, Crew							
that says "AYZ								

Coach" or "Unity SPORTSWARE TM - CSMI Sales - Rob - User: Algarin, Peter Dashboard # Algarin, Peter - Address									
Reed."	General Address Emergency Insurance Medical Paperwork								
	Primary Address	Secondary Address:							
	Address	Address							
	State	City: State T							
	Zip Code	Zip Code							
Update the Address,	Country Phone	Country Phone							
Emeregency Tab	Cell	Ceil							
with correct	Beeper	Beeper							
information:									
AddrossTab.	τ	· · · · · · · · · · · · · · · · · · ·							
Addresstab.	CSM SPORTSWARE TM - CSNI Sales - Rob - User: Algaria, Per	tor							
Your primary	General Addres E	imenancy Insurance Medical Paperwork							
address is vour	Primary Emergency Contact	SAVE CARCEL							
normanont address	First	First							
permanent address.	Last								
Secondary	Relationship	Relationship							
Secondary	Address	Address							
address is	City								
your <u>school</u>	State Zip Code	State Zip Code							
address.	Country	Country							
	Work Phone	Work Phone							
	Cell								
<i>Emergency</i> Tab:	E-Mail Address	E-Mail Address							
Enter at least one									
primary emergency	0000								
contact. This will be	SPORTSWARETM - CSMi Sales - Rob - User: Algo	arin, Peter							
used when putting	Dashboard + Alganin, Peter + Medical	\sim							
together emergency	General Addres	ss Emergency Insurance Medical Paperwork							
cards.		SAVE CARCEL							
	Alerts								
Insurance	Dev sorge	8	*						
Tab:OPTIONAL	насни найх		+						
Please upload a	Immunizations								
scanned copy (front	DIP								
and back) of your									
insurance card. This	Sickle Cell								
can be done at the	Orags Taken	Doctor							
bottom of the page.	Medication	*							
bottom of the page	Notes Advil 20 mg. Talitets, Birth Costrol	Name							
		Phone							
Add Alerts to the									
Modical Tab									

Put any medical conditions (ie diabetes, asthma, allergies, epilepsy or other) that you may have.

Put any allergies to medications that a physician or EMS would need to know.

You do not need to complete the immunizations.

Med History: Complete a Medical History questionnaire.

Complete 'MedHistory' <u>YEARLY</u>

Answer Yes or No to **EACH** question.

Explain all YES answers in the comment box.

If you have filled this out previously please review and update as needed.

Click "Save"

General								
Date 06/16/2015		* Evaluator				- Sport		•
		1						
	Item		_	Yes/No	_		Comment	
Previous Concussion date				YES	•	Explain `	YES answers	
Asthma					- L			
Allergic to Foods, Insects, Polle	n				•			
Ongoing or Chronic Illness					•			
Diabetes					•			
Sickle Cell Anemia					•			
Allergic to medications					•			
Have you had surgery? For wi	at?				•			
Hives, Rash					•			
Hepatitis					•			
Epilepsy					•			



You MUST turn in a hard copy of your physical and concussion training to your school, even after you upload a digital copy. The digital copy is just an additional method of safe storage.

🖸 YouTube in Linkedin 💓 Twitter 🦸 Facebook							QUESTIONS?	
CSMD SPORTSWARE								
Page: Athlete Attachments Institution: Prince William County Schools Athlete: Shanks, Jessie								
Aco Viewi 🗆 Include Obsolete Atlachments								
UPEN	Attaciiii	Title	Date Uploaded	Required	Obsolete	Signed By	Date Signed	Status
DELETE	Select	VHSL Physical Form 2017	6/23/2020 1:35:06 PM		0			NOT EDITABLE

Forms:

View/complete required paperwork. Note: SportsWare will also display "You have 1 forms to

complete/download". The VHSL Physical form is located here for you to download.

You can upload a copy of your VHSL physical and Concussion/ COVID training certificate.

Print: Print My Info and Medical History data for your own records, if you wish.



Thank you for your prompt help. The information you entered is not shared outside of your individual school. The certified athletic trainer is the only person who has access to your medical information. The emergency contact information can be accessed by the athlete's coach during their respective season only. SportsWare is fully HIPPA compliant.

If you have any questions, please contact your school's athletic office, Kelly Gardner, Supervisor of Student Activities, or the PWCS SportsWare liaisons Jessie Shanks <u>shanksjl@pwcs.edu</u> or Ashley Ausborn <u>ausbora@pwcs.edu</u>

Sincerely,

Prince William County Schools