

Dear Parents and Guardians:

Prior to participating on a team for Rocky Mountain High School, athletes must provide the Athletic Department with current address, emergency contact, insurance, medical alert and health history information *yearly*. To expedite this process Rocky uses an online data entry system.

To enter your information, visit <u>www.swol123.net</u>. The *first time* you visit the website you will need to join SportsWareOnline using the instructions below. If you already have an account, please scroll down to Page 2: "Updating Your Information".

## Joining SportsWareOnLine

Instruction	Example					
Go to www.swol123.net.	SportsWareOnLine™ [] - Windows Internet Explorer					
	🚱 🔵 🗢 🙋 www.swol123.net					
Scroll to the middle of the screen and click						
the Join SportsWare button.	Athlete/Parent: Don't have a					
	username?					
	JOIN SPORTSWARE					
Enter your School ID	Please input your information to join SportsWare					
	rease input your morniation to join oportsware					
ROCKY: Rockyathlete	School ID (ID you received from the Athletics Department)					
	NEXT CANCEL					
Enter your First Name, Last Name, Email						
address and click the Send button.	Please input your information to join SportsWare					
duress and click the send button.	Athlete's First Name					
	Athlete's Last Name					
NOTE: This process is only completed one	Email (If athlete is a minor you can use a parent's e-mail address)					
time (per child). Please make note of the	(If autiette is a finitor you can use a parent's e-finan autress)					
email address provided for future use.	Group (Select your school/college)					
	Send Cancel					
Your request to join SportsWare will then						
be sent to the Athletic Trainer for review.						
	Message from webpage					
Please notify your Athletic Trainer if request						
acceptance takes longer than 24 hours.	Your information has been saved. You will receive an e-mail when your					
Send an email to	request has been accepted by the school					
Kraack.monica@westada.org OR						
white.kelly@westada.org that you have						
completed the joining process.	ОК					
completed the Johning Processi						
You will likely be approved quickly but						
may take as long as 24 hours depending						
on circumstances.						
Once your request is accepted you will						
receive an e-mail with the Subject						
"SportsWare request accepted".	SportsWare OnLine Password Request • You received this e-mail because either: 1) You requested to reset your SportsWare Online password OR 2) You are an athlete					
Open the e-mail and click the						
www.swol123.net link to continue to						
SportsWareOnLine.						

## **Setting Your Password**

Instruction	Example
Go to www.swol123.net	Ø SportsWareOnLine™ [] - Windows Internet Explorer ♥ ♥ ♥ ₩www.swol123.net
Enter your Email Address and click the <b>Reset Password</b> button.	Sign In E-Mail: Password: LOGIN Reset Password / Forgot Password
You will receive and e-mail with the Subject <i>"SportsWareOnLine Password Request"</i> . Open the e-mail and click on the link to reset your password. Enter your e-mail address, new password and click the <b>Save</b> button. <b>NOTE:</b> If you are registering more than one	Online Access         Online Access e-Mail         PLEASE MAKE         New Password         Confirm Password         Confirm Password
child (currently or in the future) you will use the same email address but different passwords for each child.	mm/dd/year

## **Updating Your Information**

Instruction	Example
Go to www.swol123.net.	SportsWareOnLine <sup>™</sup> [] - Windows Internet Explorer SportsWareOnLine <sup>™</sup> [] - Windows Internet Explorer Windows Internet Explorer
Enter your Email Address and password, click the <b>Login</b> button.	Sign In         E-Mail:       parent@swol123.net         Password:          LOGIN         Reset Password / Forgot Password
You will be taken to your student athlete's "Athlete's Portal". Here you will see the required forms and information needed to be completed.	My Info         Med History         Forms         Print            April 2017         >           Sum Mon Tue Wed Thu Fri Sat         26         27         28         29         30         31         1         13         14         15           16         17         18         19         20         21         22         24         25         27         28         20         21         22         34         5         6         To Have 2         form(s) to complete/download.         Status         Status         Your Athlete Information is INCOMPLETE. Please click here to complete it.         Your Medical History is INCOMPLETE. Please click here to complete it.

Select My Info: Update your address, emergency contact		
and insurance information.		
	My Info Med History Forms Print	
Start entering Athlete's		
information. Complete the	Athlete Online Access	
Athlete Online Access section	Online Access e-Mail parent@swol123.net	
by updating it with the Athlete's email address	Existing Password	
(defaults with Parents	New Password	
initially). Then Update The	Confirm Password	
Parent Online Access section		
with email and password.		
Continue to complete the	Password Requirements:	
remaining tabs.	Must be at least 2 characters long.	
	Parent Online Access	
	Online Access e-Mail	
	Existing Password	
	New Password	
	Confirm Password	
	Password Requirements:	
	Must be at least 2 characters long.	
Complete the remaining		
required fields for – Address,	General Address Emergency Insurance Medical	
Emergency, Insurance, and		
Medical. **you DO NOT need to	You <b>DO NOT</b> need to upload insurance	
upload insurance card, just	card, just type in number	
type in #	card, just type in humber	
Under Alerts, please select ( <u>or</u>		
<u><b>type in</b></u> ) any medical		
conditions and or allergies	General Address Emergency Insurance Medical	
your child may have.		
	Alerts	
If there are none please	Alerts Peanuts	
If there are none, please	Aspirin Allergy	
If there are none, please choose " <i>No Known Allergies</i> " for one box and " <i>No Known</i>	Aspirin Allergy Asthma Bee Stings	
choose "No Known Allergies"	Aspirin Allergy Asthma Bee Stings Diabetes Epilepsy	
choose " <i>No Known Allergies</i> " for one box and " <i>No Known</i>	Aspirin Allergy Asthma Bee Stings Diabetes Epilepsy Ibuprofen Allergy	
choose "No Known Allergies" for one box and "No Known Med Problems" for the second box.	Aspirin Allergy Asthma Bee Stings Diabetes Epilepsy Ibuprofen Allergy	
choose "No Known Allergies" for one box and "No Known Med Problems" for the second box. Under the Drugs Taken	Aspirin Allergy Asthma Bee Stings Diabetes Epilepsy Ibuprofen Allergy Latex No Known Allergies No Known Mel Problem Peanuts Doctor	
choose "No Known Allergies" for one box and "No Known Med Problems" for the second box. Under the Drugs Taken section, please type in any	Aspirin Allergy Asthma Bee Stings Diabetes Epilepsy Ibuprofen Allergy Latex No Known Allergies No Known Med Problem Peanuts Penicillin Shell Fish	
choose "No Known Allergies" for one box and "No Known Med Problems" for the second box. Under the Drugs Taken section, please type in any medications that your child	Aspin Allergy Astma Bee Stings Diabetes Epilepsy Ibuprofen Allergy Latex No Known Allergies No Known Med Problem Peanuts Penicillin Shell Fish Soy Sulfa	
choose "No Known Allergies" for one box and "No Known Med Problems" for the second box. Under the Drugs Taken section, please type in any medications that your child takes regularly. If there are no	Aspirin Allergy Asthma Bee Stings Diabetes Epilepsy Ibuprofen Allergy Latex Latex No Known Med Problem Peanuts Penicillin Shell Fish Soy Sulfa Tree Nuts Tylenol Allergy	
choose "No Known Allergies" for one box and "No Known Med Problems" for the second box. Under the Drugs Taken section, please type in any medications that your child	Aspirin Allergy Asthma Bee Stings Diabetes Epilepsy Ibuprofen Allergy Latex No Known Med Problem Peanuts Peanuts No Known Med Problem Peanuts Shell Fish Soy Sulfa Tree Nuts	
choose "No Known Allergies" for one box and "No Known Med Problems" for the second box. Under the Drugs Taken section, please type in any medications that your child takes regularly. If there are no medications, please type in	Aspirin Allergy Asthma Bee Stings Diabetes Epilepsy Ibuprofen Allergy Latex Latex No Known Med Problem Peanuts Penicillin Shell Fish Soy Sulfa Tree Nuts Tylenol Allergy	
choose "No Known Allergies" for one box and "No Known Med Problems" for the second box. Under the Drugs Taken section, please type in any medications that your child takes regularly. If there are no medications, please type in "None." Under the Doctor Section,	Aspirin Allergy Asthma Bee Stings Diabetes Epilepsy Ibuprofen Allergy Latex Latex No Known Med Problem Peanuts Penicillin Shell Fish Soy Sulfa Tree Nuts Tylenol Allergy	
choose "No Known Allergies" for one box and "No Known Med Problems" for the second box. Under the Drugs Taken section, please type in any medications that your child takes regularly. If there are no medications, please type in "None." Under the Doctor Section, please type in your Family or	Aspirin Allergy Asthma Bee Stings Diabetes Epilepsy Ibuprofen Allergy Latex Latex No Known Med Problem Peanuts Penicillin Shell Fish Soy Sulfa Tree Nuts Tylenol Allergy	
choose "No Known Allergies" for one box and "No Known Med Problems" for the second box. Under the Drugs Taken section, please type in any medications that your child takes regularly. If there are no medications, please type in "None." Under the Doctor Section, please type in your Family or Primary Care Physician. If you	Aspirin Allergy Asthma Bee Stings Diabetes Epilepsy Ibuprofen Allergy Latex Latex No Known Med Problem Peanuts Penicillin Shell Fish Soy Sulfa Tree Nuts Tylenol Allergy	
choose "No Known Allergies" for one box and "No Known Med Problems" for the second box. Under the Drugs Taken section, please type in any medications that your child takes regularly. If there are no medications, please type in "None." Under the Doctor Section, please type in your Family or	Aspirin Allergy Asthma Bee Stings Diabetes Epilepsy Ibuprofen Allergy Latex Latex No Known Med Problem Peanuts Penicillin Shell Fish Soy Sulfa Tree Nuts Tylenol Allergy	

Once done with My Info go to:					
Med History: Complete the Medical History questionnaire.		My Info	Med History	Forms	Print
Forms: View/complete required paperwork. - RMHS IQ Form - RMHS Concussion Handout		Forms You have <b>2</b> for	rm(s) to complete/do	wnload.	
To complete each form, click "Select" for the form, then	ADD	■ Attachme	nts		
"Open". Do this for each form.	OPEN		Title	•	Required
You must fill in all the appropriate boxes and click the "Save and Submit" Button when completed in order for it to reach Rocky and be recorded	DELETE	Select	EHS IQ Form EHS Concussion Handout		<ul> <li>✓</li> </ul>
You will be prompted to electronically sign after you click "Save and Submit".					
If you forgot an area, you will be prompted back to the form to complete it					

**NOTE:** The Pre-Participation Physical Exam process has not changed. This form needs to be completed and signed by a physician! Physicals are to be completed during the athlete's <u>9<sup>th</sup> and 11<sup>th</sup></u> grade years (per IHSAA rules). Physical Exams will still be hard copies and are turned in to the Rocky Mountain High School athletic trainers (Monica Kraack or Kelly White) prior to participation in any Rocky Mountain High School athletics. IQ and Concussion Education forms are to be completed yearly.

If you have any questions, please contact Monica Kraack (Kraack.monica@westada.org) or Kelly White (white.kelly@westada.org).

Sincerely, Monica Kraack, Head Athletic Trainer Kelly White, Associate Athletic Trainer