

Sturgeon Bay High School

Online Athletic Form Collection Instructions

All athletics forms for Sturgeon Bay High School athletes will be done electronically through an online database. Below are instructions to complete this process. **To minimize errors and frustration, please read through all instructions and follow them carefully.** Both the athlete and a parent/guardian will need to be present to complete all required documents. If you have questions or need additional guidance, please contact Alyssa Lee, Athletic Trainer at 920-495-4177 or alyssa.lee@dcmedical.org.

Instructions for **FIRST TIME USERS:**

To Begin:

Go to www.swol123.net

On RIGHT side of screen, click 'Join SportsWare' in the box for Athlete/Parent

On the next screen, enter 'DCMC' as the school ID

Enter athlete's COMPLETE First, Middle, and Last Name

Enter athlete's Date of Birth

DO NOT click the 'Register As Parent' Box

Enter Email *****You will need to be able to access this email to continue with the following steps ***PLEASE DO NOT USE YOUR SCHOOL EMAIL FOR THIS, THE SAFETY MEASURES AT SCHOOL WILL NOT ALLOW SPORTSWARE TO SEND YOU EMAILS WHEN NEEDED REGARDING YOUR PASSWORD**

Choose 'Sturgeon Bay' under the drop down for 'Group'

Click 'SEND' at the bottom of the screen

*****An administrator now needs to accept your request before you can continue. Once your request is accepted you will receive an email confirmation with a link to proceed. This link is only good for 24 hours once sent. Administration will do their best to check these frequently, however, please feel free to email Alyssa Lee at alyssa.lee@dcmedical.org stating that you submitted information and are waiting to be accepted. If you are requesting during non-traditional business hours (evening or weekend) your request will not be processed until the following business day.**

*****You may use the same email for multiple athletes. However, each password must be different and a separate request must be made for each athlete.**

After Administration Approval:

Click on the link provided in the confirmation email

*****If your link has "expired", go to the homepage of www.swol123.net and click 'Reset Password/Forgot Password'.**

This link will allow you to set up a password for the first time if your link has expired.

On the next screen, type email (Must be same email that was used previously)

Create a password – must meet the criteria listed towards the bottom of the screen

Click the 'SAVE' button (upper RIGHT)

On the next screen, sign in with email and password that you just finished creating

*****Please note that you may begin completing this online information and log in and out as many times as needed until all information is complete. You DO NOT need to complete all information in one sitting.**

Once In Athlete Home Page:

Click 'My Info' (upper LEFT, on light blue stripe)

*****All Blanks followed by a red asterisk need to be completed, those without a red asterisk can be left blank**

Complete the required information under 'General', 'Address', 'Emergency', and 'Medical'

*****NO INFORMATION IS NEEDED UNDER 'INSURANCE' or 'PAPERWORK'**

Special Notes for Completion:

'General Tab' -

'Class': please choose your athlete's year of graduation

'Sports/Groups': Sport 1 = Fall Sports, Sport 2 = Winter Sports, Sport 3 = Spring Sports

Please use correct spot and leave others blank as necessary

Please **DO NOT** change the current sport that is chosen for 'Current'

'Address' Tab -

If cell phone number is only phone, please enter that number for both 'Phone' and 'Cell'

Only one address is required, however a secondary address can be listed if appropriate

'Emergency' Tab –

Please provide as many phone numbers as possible for emergency contacts so that we can do our best to reach them in an emergency. However, if necessary, repeat numbers so that all required fields are complete

'Medical' Tab –

'Alerts': **This area is for major health concerns like allergies, diabetes, asthma, heart conditions, unpaired organs, etc.**

Any physical or mental disabilities may be listed here as well.

You may choose the correct diagnosis or allergy from the drop down, or free type if not listed

Immunizations DO NOT need to be listed

'Medications': please include **ANY** and **ALL** medication that your athlete takes. Medications can be free typed one at a time and then added using the 'Insert' button. This will make all medications accumulate in the 'Notes' box. If 'Insert' is not clicked, this medication will not show up.

When completed with this section, click the blue 'SAVE' button in the upper RIGHT. If you have missed any required information, it will be listed here for you. **If you have missed something, please click the blue 'Go Back' button at the upper RIGHT and completed any missed fields.** If you have completed everything, you will be directed back to the athlete home page.

To Continue:

Click 'Med History' (upper LEFT, on light blue stripe)

On the next screen, please choose the first sport that your athlete will participate in if they do more than one sport

Read through all of the listed conditions and choose either 'Yes' or 'No' from the drop down box for each one.

Please use the comment box to further describe any 'Yes' answers

When completed with this section, click the blue 'SAVE' button in the upper RIGHT. If you have missed any required information, it will be listed here for you. **If you have missed something, please click the blue 'Go Back' button at the upper RIGHT and completed any missed fields.** If you have completed everything, you will be directed back to the athlete home page.

To Continue:

Click 'Forms' (upper LEFT, on light blue stripe)

On the next screen, click 'Select' to the LEFT of any form, then click the blue 'OPEN' button on the far LEFT

Read through the document and complete all necessary fields.

Co-Curricular Code – PARENT VERSION: **Information Needed on Pages 13 and 14**

Co-Curricular Code – STUDENT VERSION: **Information Needed on Pages 13 and 14**

Concussion and Sudden Cardiac Arrest Agreement – PARENT VERSION: **Information Needed on Page 4**

Concussion and Sudden Cardiac Arrest Agreement – STUDENT VERSION: Information Needed on Page 4

Consent to Medical Treatment – PARENT SIGNATURE REQUIRED: Information Needed on Page 1

You will **type your name** in the signature box

When the form is complete, click the blue 'SAVE & SUBMIT' button at the top RIGHT

A box asking you to type your full name and acknowledge an electronic signature will appear, complete this and then click the blue 'SUBMIT' button. Please make sure that the correct people are filling out these forms!!!

When all 5 forms are complete and submitted, click the blue 'OK' button at the top RIGHT

*****IT IS EXTREMELY IMPORTANT THAT THE CORRECT PERSON TYPES THEIR NAME INTO THIS BOX ASKING FOR ACKNOWLEDGEMENT OF THE ELECTRONIC SIGNATURE. IF A STUDENT IS SUPPOSED TO SIGN THE FORM AND A PARENT/GUARDIAN TYPES THEIR NAME IN THIS BOX, THE FORM MUST BE DELETED AND RE-COMPLETED. PLEASE MAKE SURE THE CORRECT PERSON IS FILLING OUT THE REQUIRED FORMS.**

At this point, all of your online information should be completed and you can log out! However, this does not mean that you have submitted everything that your athlete needs to receive their permit to practice.

The following items must be turned in/checked off in the HIGH SCHOOL OFFICE before receiving a permit to practice:

- **Verify student has no outstanding fines/fees**
- **Verify student does not have outstanding detentions to serve**

The following items must be turned in/checked off with the ATHLETIC TRAINER before receiving a permit to practice:

- **Health Physical or Alternate Year Card**
- **Complete ImpACT Testing (completed with Athletic Trainer at School – completed every 2 years)**
- **Verify online SportsWare paperwork has been completed completely and correctly**

The following item must be turned in/checked off with the ATHLETIC DIRECTOR before receiving a permit to practice:

- **Verify completion of Co-Curricular Meeting Requirement**

Instructions for PREVIOUS USERS:

To Begin:

Go to www.swol123.net

If you remember your password, log in to your account

If you do not remember your password, click 'Reset Password/Forgot Password' and follow the instructions to create a new password and access your account

Once In Athlete Home Page:

Click 'My Info' (upper LEFT, on light blue stripe)

Check over all information and make sure no updates are needed.

*****Only blanks with red asterisks need to be completed**

When completed with this section, click the blue 'SAVE' button in the upper RIGHT.

To Continue:

Click 'Med History' (upper LEFT, on light blue stripe)

On the next screen, please choose the first sport that your athlete will participate in if they do more than one sport

Read through all of the listed conditions and choose either 'Yes' or 'No' from the drop down box for each one.

Please use the comment box to further describe any 'Yes' answers

When completed with this section, click the blue 'SAVE' button in the upper RIGHT. If you have missed any required information, it will be listed here for you. **If you have missed something, please click the blue 'Go Back' button at the upper RIGHT and completed any missed fields.** If you have completed everything, you will be directed back to the athlete home page.

To Continue:

Click 'Forms' (upper LEFT, on light blue stripe)

On the next screen, click 'Select' to the LEFT of any form, then click the blue 'OPEN' button on the far LEFT

Read through the document and complete all necessary fields.

Co-Curricular Code – PARENT VERSION: Information Needed on Pages 13 and 14

Co-Curricular Code – STUDENT VERSION: Information Needed on Pages 13 and 14

Concussion and Sudden Cardiac Arrest Agreement – PARENT VERSION: Information Needed on Page 4

Concussion and Sudden Cardiac Arrest Agreement – STUDENT VERSION: Information Needed on Page 4

Consent to Medical Treatment – PARENT SIGNATURE REQUIRED: Information Needed on Page 1

You will **type your name** in the signature box

When the form is complete, click the blue 'SAVE & SUBMIT' button at the top RIGHT

A box asking you to type your full name and acknowledge an electronic signature will appear, complete this and then click the blue 'SUBMIT' button. Please make sure that the correct people are filling out these forms!!!

When all 5 forms are complete and submitted, click the blue 'OK' button at the top RIGHT

*****IT IS EXTREMELY IMPORTANT THAT THE CORRECT PERSON TYPES THEIR NAME INTO THIS BOX ASKING FOR ACKNOWLEDGEMENT OF THE ELECTRONIC SIGNATURE. IF A STUDENT IS SUPPOSED TO SIGN THE FORM AND A PARENT/GUARDIAN TYPES THEIR NAME IN THIS BOX, THE FORM MUST BE DELETED AND RE-COMPLETED. PLEASE MAKE SURE THE CORRECT PERSON IS FILLING OUT THE REQUIRED FORMS.**

At this point, all of your online information should be completed and you can log out! However, this does not mean that you have submitted everything that your athlete needs to receive their permit to practice.

The following items must be turned in/checked off in the HIGH SCHOOL OFFICE before receiving a permit to practice:

- Verify student has no outstanding fines/fees
- Verify student does not have outstanding detentions to serve

The following items must be turned in/checked off with the ATHLETIC TRAINER before receiving a permit to practice:

- Health Physical or Alternate Year Card
- Complete ImpACT Testing (completed with Athletic Trainer at School – completed every 2 years)
- Verify online SportsWare paperwork has been completed completely and correctly

The following item must be turned in/checked off with the ATHLETIC DIRECTOR before receiving a permit to practice:

- Verify completion of Co-Curricular Meeting Requirement