SportsWare Completion Instructions

Go to www.swol123.net

Please Complete Highlighted Areas

CLICK JOIN SPORTSWARE:

ENTER SCHOOL ID:

Please input your information to join SportsWare

School ID: RWUSPORTSMED2019 (ID you received from the Athletics Department)
Fill in your information:
Use your rwu.edu address

Please input your information to join SportsWare

Athlete's First Name: Jane
Athlete's Last Name: Doe
Email: Jdoe123@rwu.edu
Group: RWU Varsity

Please be patient while we are reviewing your request to join SportsWare.

www.swol123.net says
Your information has been saved.
After your Athletic Trainer accepts your request to join SportsWare, you will receive an e-mail to set up your password.
If you have any questions, please contact your Athletic Trainer.

Once your request is accepted log onto your email and you will receive an e-mail with the Subject “SportsWare request accepted”. If you did not receive an email check your SPAM folder.
Open the e-mail and click the link to continue to SportsWare Online to set your password. Enter your e-mail address, new password and click the Save button.
Once logged in please click on the **My Info** tab to begin.
### My Info: General

- **ID**: Student ID Number. Ex: 1234567, on your student ID card
- **SSN**: This is used for insurance purposes only.
- **Class**: Please enter your GRADUATION class
- **Gender**: Please choose from the drop down menu
- **Birth Date**: Enter date of birth. Ex: 01/30/2001

Select your sport and Group: RWU Varsity

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**Table:**

<table>
<thead>
<tr>
<th>Column</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td></td>
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<tr>
<td>SSN</td>
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<tr>
<td>Class</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Birth Date</td>
<td></td>
</tr>
</tbody>
</table>

**Sport & Group:**

- **Sport 1**: 
- **Sport 2**: 
- **Sport 3**: 
  - Current: Sport 1, Sport 2, Sport 3
  - Group: RWU Varsity
Complete all boxes marked with a Red * and any other pertinent information.
Primary AND Secondary Emergency Contacts:

<table>
<thead>
<tr>
<th>Primary Emergency Contact</th>
<th>Secondary Emergency Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First</strong></td>
<td><strong>First</strong></td>
</tr>
<tr>
<td><strong>Last</strong></td>
<td><strong>Last</strong></td>
</tr>
<tr>
<td><strong>Relationship</strong></td>
<td><strong>Relationship</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td><strong>Address</strong></td>
</tr>
<tr>
<td><strong>City</strong></td>
<td><strong>City</strong></td>
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<tr>
<td><strong>State</strong></td>
<td><strong>State</strong></td>
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<td><strong>Zip Code</strong></td>
<td><strong>Zip Code</strong></td>
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<tr>
<td><strong>Country</strong></td>
<td><strong>Country</strong></td>
</tr>
<tr>
<td><strong>Home Phone</strong></td>
<td><strong>Home Phone</strong></td>
</tr>
<tr>
<td><strong>Work Phone</strong></td>
<td><strong>Work Phone</strong></td>
</tr>
<tr>
<td><strong>Cell</strong></td>
<td><strong>Cell</strong></td>
</tr>
<tr>
<td><strong>Beeper</strong></td>
<td><strong>Beeper</strong></td>
</tr>
<tr>
<td><strong>E-Mail Address</strong></td>
<td><strong>E-Mail Address</strong></td>
</tr>
</tbody>
</table>

Complete all boxes marked with a Red * and any other pertinent information.
Complete all boxes marked with a Red * and any other pertinent information

1. Click = Choose File to upload your card  
2. Next, Click Add  
   Do this for both Front and Back photos of you Insurance Card
Medical

Allergies or other medical alerts

Enter Medication, then click Insert

Name: PRIMARY CARE PHYSICIAN (PCP)

Phone: PCP PHONE #
Enter your Sport
Answer ALL questions Yes or No
If you answered Yes – Please provide a description and necessary documentation if warranted
(i.e. L ACL Surgery 4/30/19 – Documentation in Forms)
Forms

You have 4 form(s) to complete/download.

Your Athlete Information is INCOMPLETE. Please click here to complete it.
Your Medical History is INCOMPLETE. Please click here to complete it.

Game Status: Out
Practice Status: Out
Cleared To Play: No

Notices And Handbooks

<table>
<thead>
<tr>
<th>Open</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medical Requirements Check List</td>
</tr>
</tbody>
</table>

No pending referrals.

Sign Out
No records found.
**SELECT** the Form you want to print (Physical, Medication Exemptions). Click open then print your document to take to your healthcare provider.

Click **ADD** to upload your Physical once it is complete. Click **Choose File** then click **OK** when Finished.
SELECT the documents labeled NOT STARTED and click OPEN.

Read, Check Boxes and Fill in your information

Click Save & Submit.
If you have any questions regarding your forms status, please contact a Sports Medicine Staff member for assistance.
Refer to this page for forms, status and notices.