







Dear AWC International Student-Athlete:

Prior to participating in team activities at Arizona Western College, athletes must provide the Athletic Department with current address, emergency contact, insurance, medical alert and health history information. To expedite this process Arizona Western College uses an online data entry system.

To enter your information, visit www.swol123.net. The first time you visit the website you will need to click the Join SportsWare button using the instructions below:

INSTRUCTION:	EXAMPLE/PHOTO:
Go to www.swol123.net	
Scroll to the middle of the screen and click the JOIN SPORTSWARE button.	
Please enter matadors when it asks for a School ID.	
Enter your First Name, Last Name, and Email address. Click the SEND button.	

Your request to join SportsWare will be sent to the Sports Medicine Staff for review.

Once your request is accepted, you will receive an e-mail with the subject "SportsWare Online Password Request". Open the email and click the link provided.

SportsWare OnLine Password Request

Inbox x



admin@swol123.net

Jul 1, 2019, 5:08 PM



to me

You received this e-mail because either:

- 1) You requested to reset your SportsWare Online password
- OR
- 2) You are an athlete who's request to Join SportsWare Online has been approved by the school and the next step is to set your password.

To reset your password, click the following link (or copy and paste it into a browser address bar)

John Doe:

<https://www.swol123.net/cfmResetPassword.aspx?Ticket=2d7711e6-ae9e-43f5-8be3-e33f2fa8e248>

NOTE: You must reset your password within 24 hours. If you are unable to do this, you can return to www.swol123.net and click the Reset Password link to request a new reset code.

Please do not respond to this email

You may need to check your Junk/Spam folder for the email.

Enter your email address, new password, and click the **SAVE** button.

Go to SWOL123

Online Access

Online Access e-Mail	<input type="text"/>
New Password	<input type="text"/>
Confirm Password	<input type="text"/>

Go to www.swol123.net

Enter your email address and password, click the **LOGIN** button.

Sign In

E-Mail:	<input type="text"/>
Password:	<input type="password"/>

LOGIN

[Reset Password / Forgot Password](#)

Select **MY INFO** to begin completing your account. Fill in any information marked with a red asterisk.

My Info Med History Forms Print

If you are under 18 years of age, then you must update the Parent Online Access section an email and password.

Parent Online Access

Online Access e-Mail	<input type="text"/>
Existing Password	<input type="password"/>
New Password	<input type="password"/>
Confirm Password	<input type="password"/>

In the **General** section:

If you have a Social Security Number (SSN), please write it in. **If you do not have one, please write "INT".**

General

First Name	John	*
Last Name	Doe	*
ID		
SSN	INT	*
Class		*
Gender		*
Birth Date		*

Select the **Address** tab and fill in any information marked with a red asterisk.

Please use a valid mailing address and cell phone number. (You can use the address for the college –shown in the photo.)

Address

Address	2020 S Ave 8E	*
City	Yuma	*
State	AZ	*
Zip Code	85365	*
Country	United States	*
Phone		
Cell	000-000-0000	*

Select the **Emergency** tab and fill in any information marked with a red asterisk.

If you do not wish to provide an emergency contact, you can write "N/A" in the required boxes.

Primary Emergency Contact

First		*
Last		*
<input type="checkbox"/> Signature On File		
Relationship		*
Address		
City		
State		
Zip Code		
Country		
Home Phone		
Work Phone		
Cell		*
Beeper		
E-Mail Address	allison.griffin@azwestern.edu	

Select the **Insurance** tab. Please see the instructions below.

General **Address** **Emergency** **Insurance** **Medical**

If you have your own traveler's insurance policy that works in the USA: Fill in any information marked with a red asterisk and attach a photo of the policy/card.

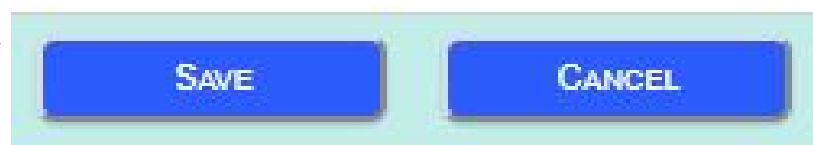
If you will be getting an international insurance policy through AWC with Aybuke Keehn: Leave this section blank. We will work with you to fill this in once you are given an insurance card.

The screenshot shows two sections of a form. The first section, titled "Primary Insurance Company", has a "Lookup" button in the top right corner. It contains several input fields: "Company" (with a red asterisk), "Address" (two lines), "City", "State" (a dropdown menu), "Zip Code", "Phone" (with a red asterisk), and "Billing ID". The second section, titled "Policy Holder", contains input fields for "Last Name" (with a red asterisk), "First Name" (with a red asterisk), "Middle Initial", "Address" (two lines), "City", "State" (a dropdown menu), "Zip Code", "Phone", "Birth Date", and "Member ID".

Select the **Medical** tab. Under "Drugs Taken", please list any medications you take on a daily basis – include the name and dose size. If you do not take any medicine regularly, write "**N/A**".

The screenshot shows the "Drugs Taken" section of a form. It has an "Insert" button in the top right corner. Below the title, there is a "Medication" dropdown menu and a large "Notes" text area. A red asterisk is visible in the bottom right corner of the text area.

Click **SAVE**. Make sure that you have all of the necessary information completed.



You will be taken back to the main page of your account.

Do **not** click the **Med History** tab.

Select the **Forms** tab. Select the **Pre-Participation Packet**, open the file, read and complete the fillable sections. Once you have electronically signed the form, click **Save and Submit**. Follow the same steps for the **Medical History** form.



Attachments

	Title
Select	19-20 Pre-Participation Packet (Fill Out)
Select	19-20 Medical History (Fill Out, Print for Physician)
Select	19-20 Physical Form (To Be Filled by Physician)

Once you have completed both forms, you will see this message on the main page of your account.

Forms

You have **0** form(s) to complete/download.

Print the **Physical Form** (found under the forms tab) and your completed **Medical History Form**, prior to seeing the physician (MD/DO) for your athletic physical. You must turn in all three pages (signed by the physician) to the Sports Medicine Staff in order to be eligible for athletic participation.

If you have any questions, please contact your athletic trainers at Luke.Lemings@azwestern.edu or Allison.Griffin@azwestern.edu for assistance.

Sincerely,
AWC Sports Medicine