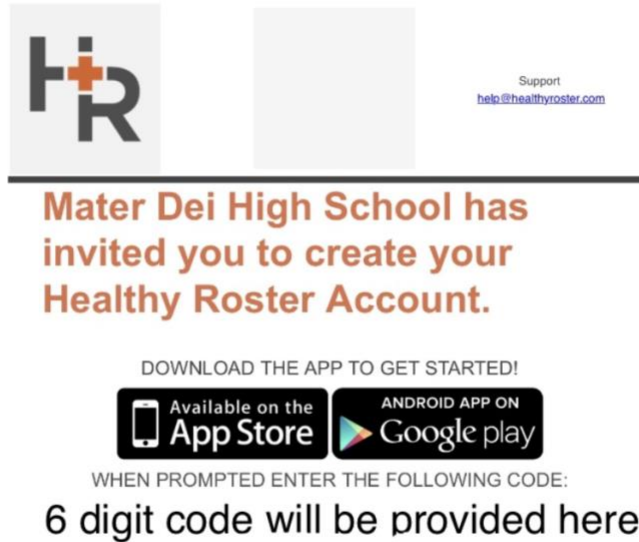


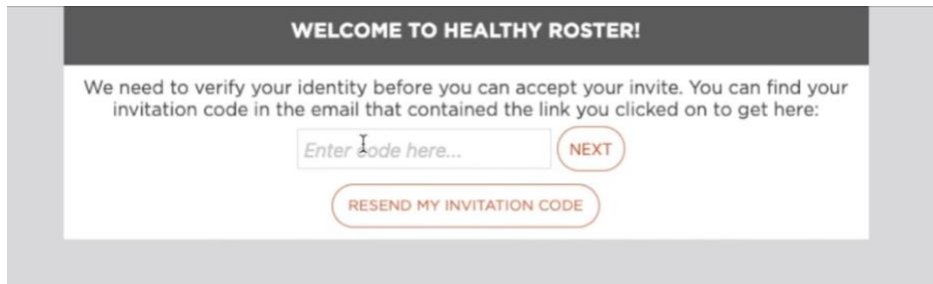
# Healthy Roster Parents Sign-in Instructions

1. You will receive an email from [no-reply@healthyroster.com](mailto:no-reply@healthyroster.com) and it will look like the screenshot below.

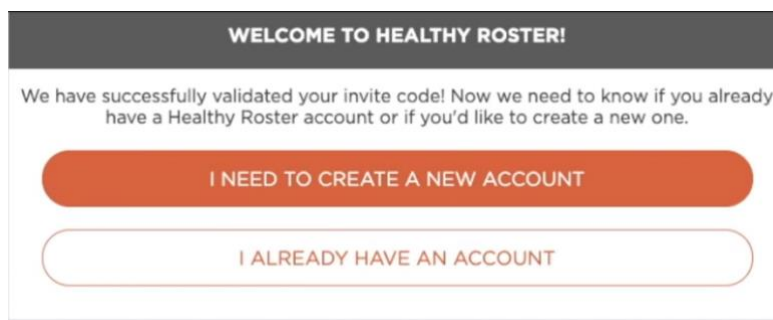


[Click here to sign up via the website instead](#)

- 2. Within this email, please click on the link that states “**click here to sign up via the website instead.**”
- 3. When you click on the link it will take you to the web browser in which you need to input your 6 digit code from the initial email, please type in the code and click “**next.**” (see screenshot below)



4. Please click “**I need to create a new account.**”



5. Your name and email will already be put in for this step, however you will need to create a **password** and input your **phone number**. Once complete, please click “register.”

**CREATE A NEW ACCOUNT**

FIRST NAME [REDACTED]

LAST NAME [REDACTED]

EMAIL [REDACTED]  
You can change your email address after creating your account

PASSWORD [REDACTED]

CONFIRM PASSWORD [REDACTED]

HOME PHONE [REDACTED] ✓ Valid

CELL PHONE [REDACTED] ✓ Valid

WORK PHONE [REDACTED] ✓ Valid

TIME ZONE America/Los Angeles

**REGISTER**

© 2022 - Healthy Roster  
MSA | Terms of Use | Privacy Policy | Children's Privacy Policy | MSA 1504  
Create your new account  
or log in if you already have an account

6. You will read and agree to the terms and conditions (**check corresponding box**).

7. You will need to put in 3 security questions that you will remember in case of trouble logging in.

8. You will read and agree to the terms and conditions (**check corresponding box**).

9. Once logged in, please check and make sure that all **information is up to date** (demographics & emergency contact).

**HEALTHY ROSTER**

**ATHLETE DETAILS**

[Click to Change](#)

FIRST NAME MD

PREFERRED NAME Johany

LAST NAME Athlete

DATE OF BIRTH 03/16/2004

ATHLETE EMAIL  
Required if > 18

CELL PHONE (201) 555-0123

HOME PHONE (201) 555-0123

WORK PHONE (201) 555-0123

**EMERGENCY CONTACT 1**

FIRST NAME Jim

LAST NAME Doe

EMAIL jim@jimdoo.com

CELL PHONE (201) 555-0123

HOME PHONE (201) 555-0123

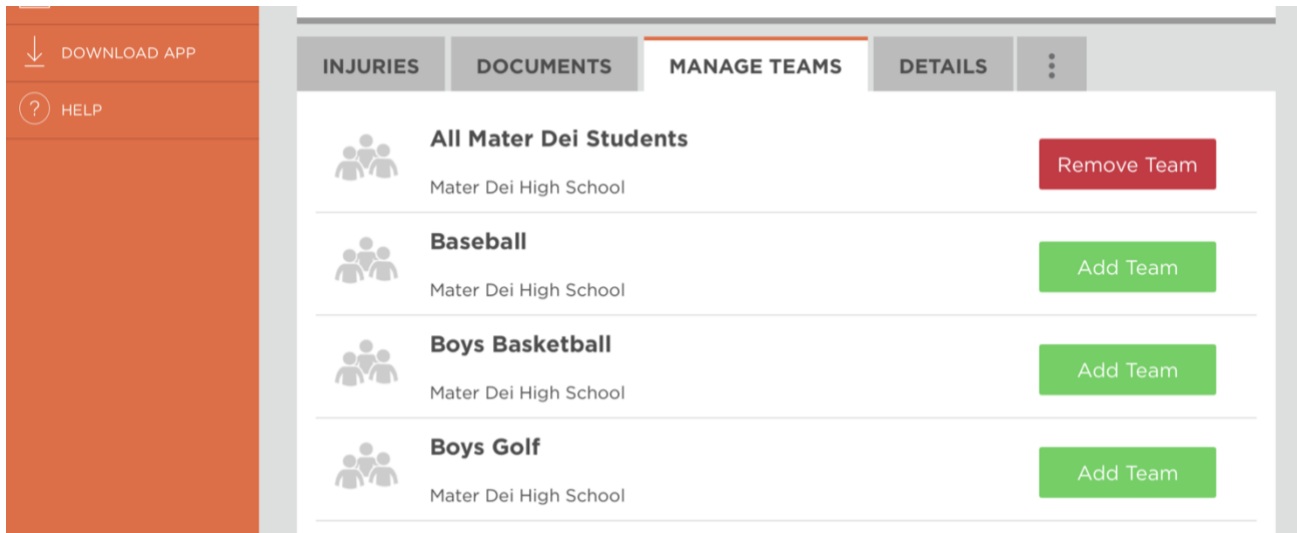
WORK PHONE (201) 555-0123

**EMERGENCY CONTACT 2**

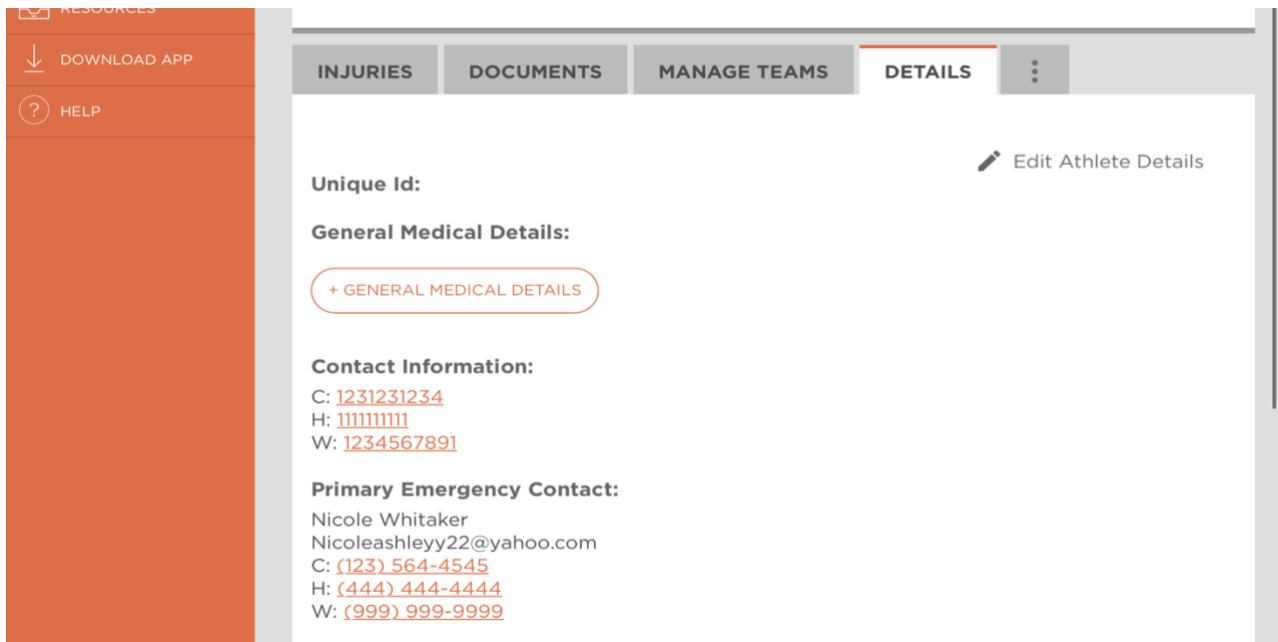
FIRST NAME Jane

LAST NAME Doe

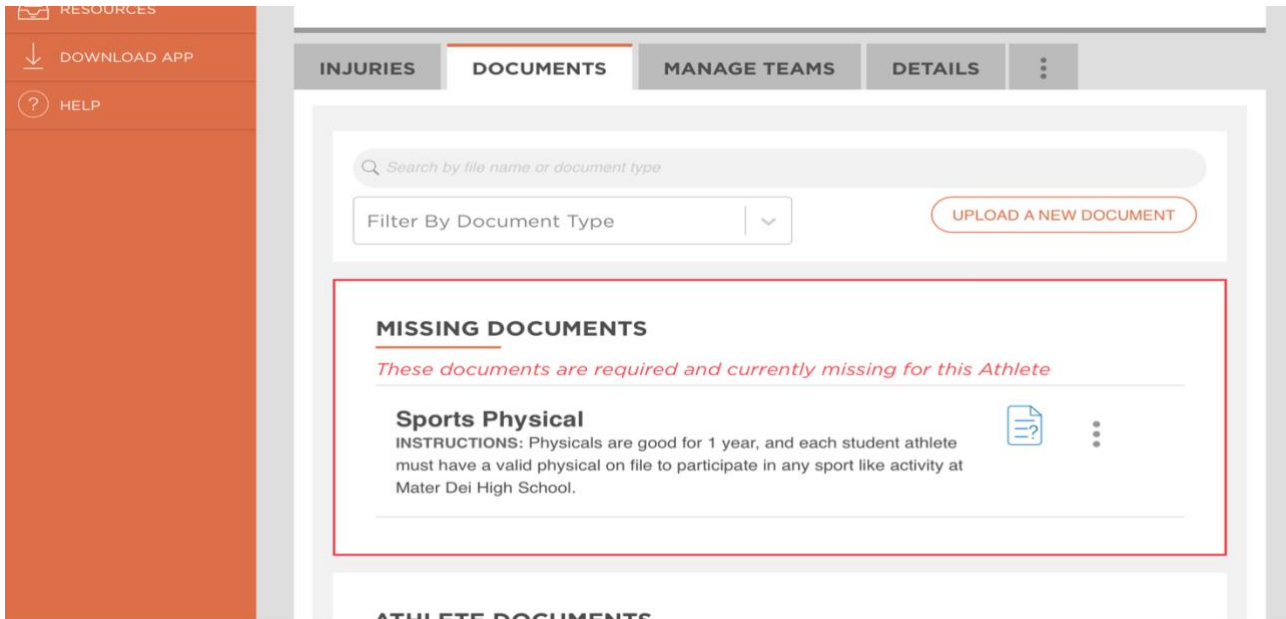
10. Make sure that your student athlete is in the correct “team” if they are participating in any sports at Mater Dei High School. If not, please adjust accordingly.



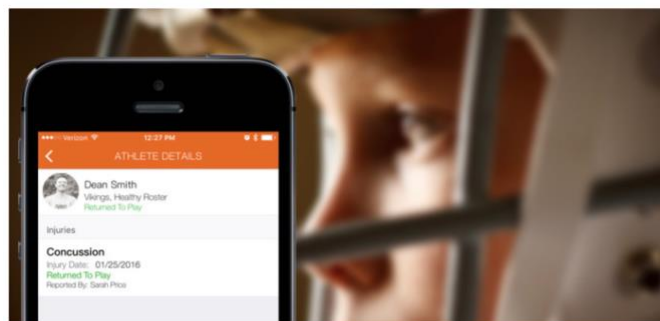
11. Please add in the **medical information and medical insurance** that corresponds with your student.



12. Please upload a valid **physical** to your students account.



13. Please **download the app** from your phones App Store, and log in with your username and password that you created for the web version. You will be asked for an authorization code that will be sent to your email that you will need to use to finalize the app set up.



#### DOWNLOAD THE HEALTHY ROSTER **MOBILE APP**

Healthy Roster is a new mobile app for parents and coaches that gives you immediate access to an Athletic Trainer on the sidelines or at home. Healthy Roster costs nothing to use and it is provided by Mater Dei High School to the parents and coaches of Mater Dei High School.



#### YOUR ON-DEMAND **HEALTH RESOURCE**

- Free to use
- Immediate and secure alerts and status updates
- Video chat access to providers from Mater Dei High School

[CONTINUE TO DASHBOARD](#)