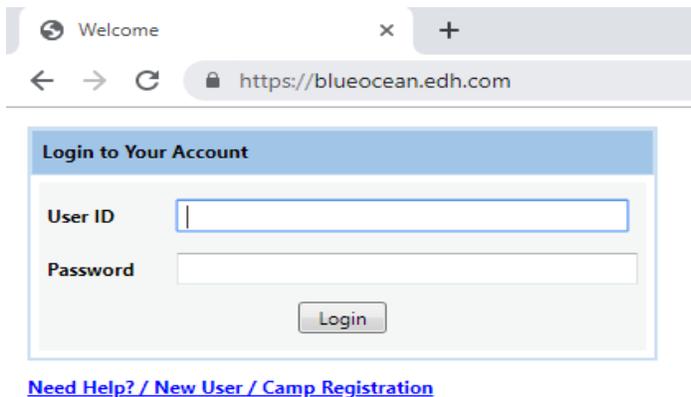


Bluefield College Sports Medicine Portal Registration Instructions

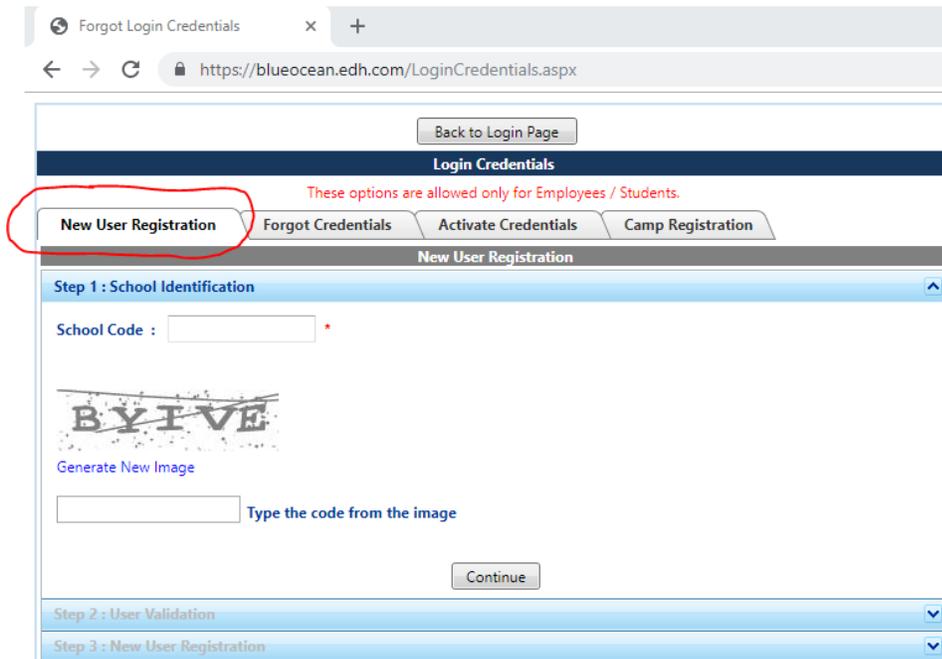
Step 1. Go to the following website blueocean.edh.com

Step 2. Click the New User hyperlink below the log in screen



Need Help? / [New User](#) / [Camp Registration](#)

You will then see this screen. Stay on the New User Registration Tab



Step 3. Type in the School Code (it is case sensitive): **BCADS**

Step 4. Type in the Captcha on the screen

Next you will see this screen below

**** Warning you must know your Bluefield Student ID# to register****

Step 5. Please fill everything out in its entirety on the “New User Registration Tab and then hit continue.

Forgot Login Credentials

https://blueocean.edh.com/LoginCredentials.aspx

Back to Login Page

Login Credentials

These options are allowed only for Employees / Students.

New User Registration | Forgot Credentials | Activate Credentials | Camp Registration

New User Registration

Step 1 : School Identification

Step 2 : User Validation

Student ID : *

First Name : * Middle Initial :

Last Name : * Suffix :

Date of Birth : * E-Mail ID : *

Continue Cancel

Step 3 : New User Registration

**** Please use your Bluefield college email if at all possible**** If not we will change it later.

Next you will see the screen below. Please complete this page in its entirety. When filling out class please use (i.e. freshman, Sophomore etc.) Then click save. At this point it will come to us for approval.

Login Credentials

These options are allowed only for Employees / Students.

New User Registration | Forgot Credentials | Activate Credentials | Camp Registration

New User Registration

Step 1 : School Identification

Step 2 : User Validation

Step 3 : New User Registration

Student Details

Student ID : 123456 * SSN :

First Name : Victor * Middle Initial : E

Last Name : Ram * Suffix :

Date of Birth : 01-01-1900 * Gender : Select *

Marital Status : Select * Enrollment Date : 05-09-2019 *

Height : Feet Inches Weight (lbs) :

International Student? Add Photo

Primary Sport : Select * Sport Position : Select

Jersey Number : Class : Select *

Address Line 1 : * Address Line 2 :

City : * State : Select *

Zip : * Email : veram@bluefield.edu *

Home Phone : () - - - - Mobile Phone : () - - - -

Notes:

Save Cancel