



Risk Management Workflow for Sports Connect

Once you have been initiated for risk management you will receive an email from [Player's Health](#) to login to their system. Click the link in the email to setup your account.

Once in you will be asked to add a profile picture (this does not tie back to Sports Connect) and update any missing profile information.

Steps To Complete:

Waivers/Disclosures

You must sign and submit the waiver to continue.

Waivers BG Checks Trainings

The Player's Health Protect Promise

Player's Health embraces the notion that sport offers young people an opportunity to experience the full range of human emotions. Sports engagement also brings with it risks of misconduct. Toward the goal of enhancing positive experiences for participants while minimizing any form of threat or injury (physical, emotional, psychological, etc.), all **Player's Health** coaches and staff members have committed to the following commitment to ethical behavior.

As a responsible adult involved in **Player's Health**, I pledge to be accountable for my words and actions, and will align my attitude, behavior, and conduct to the following principles:

Our Commitments:

- The health, growth, wellness, safety, and development of each of player in **Player's Health** is our highest concern.
- All players – regardless of ability, athleticism, or experience – deserve to be known, challenged, and affirmed.
- All players – regardless of ability, athleticism, experience, age, gender, culture, disability, language, race, religious beliefs, sexual identity, or socioeconomic status – have the right to be protected from all forms of misconduct including physical, sexual, emotional, or psychological abuse.
- **Player's Health** will respond immediately to any allegations of misconduct or abuse, using appropriate channels of communication and resources to monitor the safety of our players.

Signature

SUBMIT

Background Check

You may be prompted to complete a background screen if you are new to the association or have a previous background screen that has expired. You will be prompted through a series of forms to read and consent to compliant with a standard background screening process. The application requires submission of full legal name, address, date of birth, and social security number. The background screen cannot be completed without this required information. The following represents a series of screenshots illustrating the various forms required to complete a background screen:

✓ Waivers

BG Checks

Trainings

02/06

Applicant Legal Information

Are you volunteering or employed in Pennsylvania?*

Yes

No

Have you lived in New York state in the past five years?*

Yes

No

SKIP

SUBMIT

✓ Waivers

BG Checks

Trainings

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Electronic Communication Consent and Disclosure

You have been authorized to complete online documents and receive electronic legal notices in connection with your registration with JDP ("JDP"). During this process, you will be asked to "sign" one or more of the online documents with an electronic signature. Please read the following carefully regarding the electronic signature process.

To sign a document electronically, click both the "I Agree" button and the "Continue" button appearing at the bottom of the document. If required, please also fill out your name and last four digits of your social security number. NOTE: Your electronic signature will not be applied to the document until you correctly complete all of these steps.

If you want to make changes in information you provided, click "Back" button on your browser. When you have completed a document that requires your electronic signature, you may use your browser to view, print, or download the document before you sign it.

Once the signature process is completed, your electronic signature will be binding as if you had physically signed the document by hand.

If you believe you are unable to provide your signature in an electronic format, contact the company directly to complete in a paper or non-electronic format. Please note delays and additional fees will apply if the process is completed in a paper/non-electronic format.

In addition, since e-mail is the most expedient method for you and JDP to communicate with each other we are requesting your consent to use email and specifically your e-mail address provided in your application as the primary method for written communications.

If at any point you would like to withdraw your consent for your electronic signature or use of e-mail as the means for written communication, or if you need to update information needed to contact you electronically, please contact JDP at clientservices@jdp.com. Any withdrawal of consent will be effective as of the date it is received. Please note that any withdrawal of consent does NOT apply to electronic signatures or communications that occurred prior to the effective date of withdrawal of your consent. There also may be additional fees for proceeding on a non-electronic basis after your withdrawal of consent.

04/06

FCRA Acknowledgement

Para información en español, visite www.consumerfinance.gov o escriba a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov for additional information.

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Disclosure

DISCLOSURE REGARDING BACKGROUND SCREENING

Player's Health ("Company") may obtain information about you from a third party consumer reporting agency to be used in part to determine your eligibility to register with **Player's Health** and/or participate in **Player's Health** programming. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your, criminal history, social security number validation or verification, motor vehicle records ("driving records"), verification of your education, professional credentials or employment history, consumer reporting agency records or other background checks, as well as plea bargains, deferred adjudications, and delinquent conduct committed as a juvenile.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by JDP 301 Grant Street Suite 4300, tel. # 18559403232, www.jdp.com and their agents. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your registration with **Player's Health** and/or participation in **Player's Health** programming to the extent permitted by law.

I have read and agree to the Background Screening Disclosure above

Signature _____

SKIP

SUBMIT

✓ Waivers

BG Checks

Trainings

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Background Screening

In order for your background screening to be processed please complete all required fields below. This information will be encrypted and securely sent to our third party provider JDP, for the screening process to be conducted. Background screenings can take between three to five business days to be completed. An email will be sent to you once the background screening has been completed with final status of your screening indicated.

PLEASE SUBMIT YOUR FULL LEGAL NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE OR PASSPORT

First Name*

Tyrre

Last Name*

Burks

Middle Initial

Address 1*

Address 2

City*

State/Province*

×

Zip*

SafeSport & Concussion Training

Once your background check is completed you will complete the SafeSport and Concussion Trainings. These trainings are required annually.

✓ Waivers

✓ BG Checks

Trainings



Players Health Protect Concussion
Training
Start Training

Progress
0%
N/A



Safe Sport
Start Training

Progress 0%
N/A

Steps for Completing SafeSport

1. Click on the training

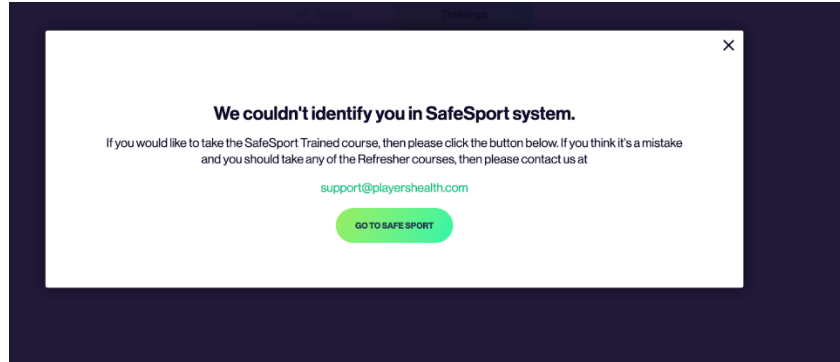
Trainings



Safe Sport
Start Training

Progress 0%
N/A

2. Click “Go To SafeSport”



2a. OR Click on your active training

List of Training



Access Date N/A

SafeSport Trained - NGB1

SafeSport™ Trained Core

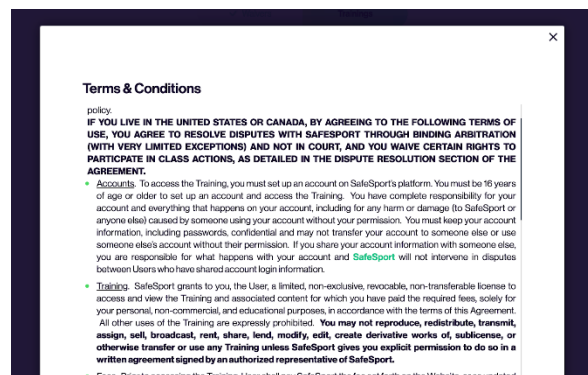
Time to Allot: 90 minutes

Required for most U.S. Olympic and Paralympic Movement Adult Participants.

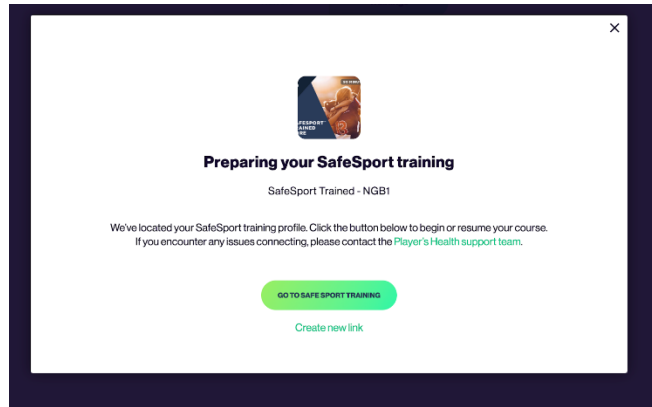
Progress 0%

3. Sign the Terms and Conditions

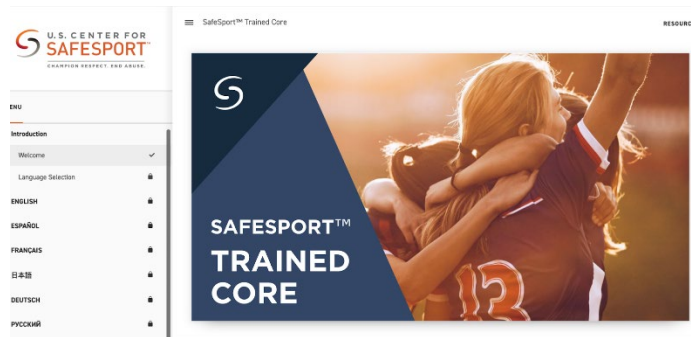
Sign the agreement



4. Click "Go to SafeSport Training"



5. Take Training



***Being prompted to complete wrong course: <https://playershealth.happyfox.com/kb/article/85-i-m-being-prompted-to-complete-a-different-safesport-course-then-i-should-be/>

Concussion Training

You will also be required to complete Player's Health concussion training video. The information in this video comes from CDC recommendations and includes information on what a concussion is, signs and symptoms, recovery methods and timing, returning to play, and more.

Once these three items are completed you're risk status will be updated to approved in Sports Connect.