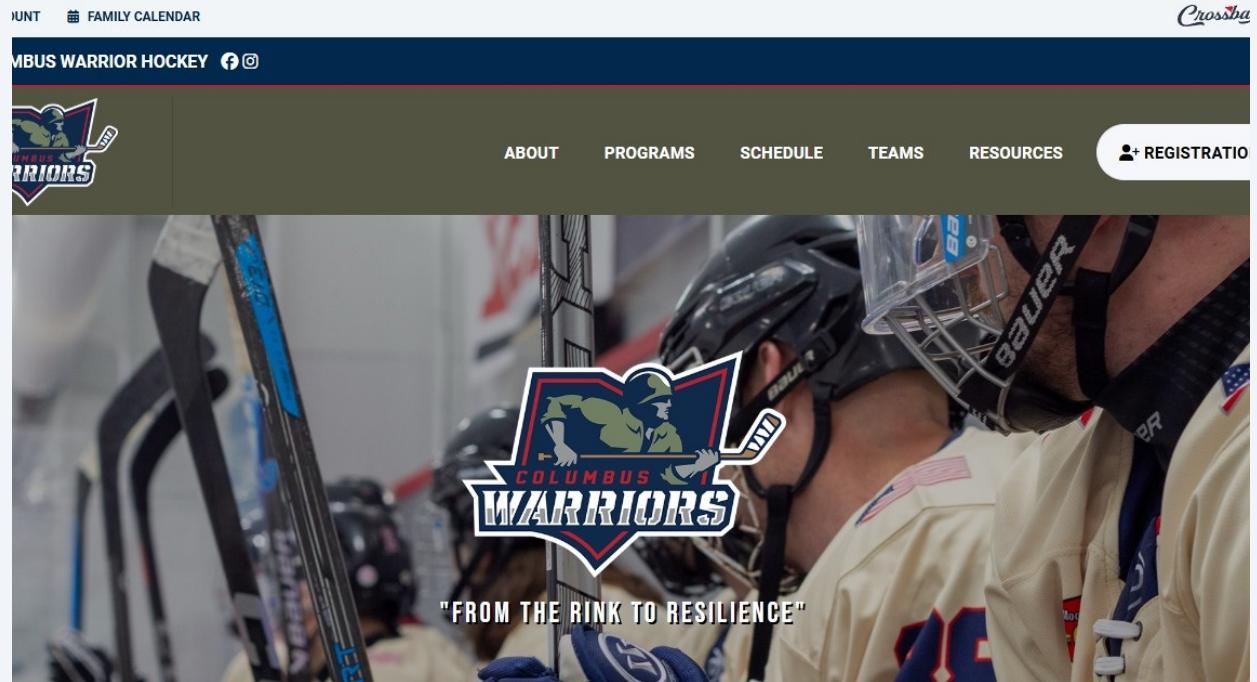


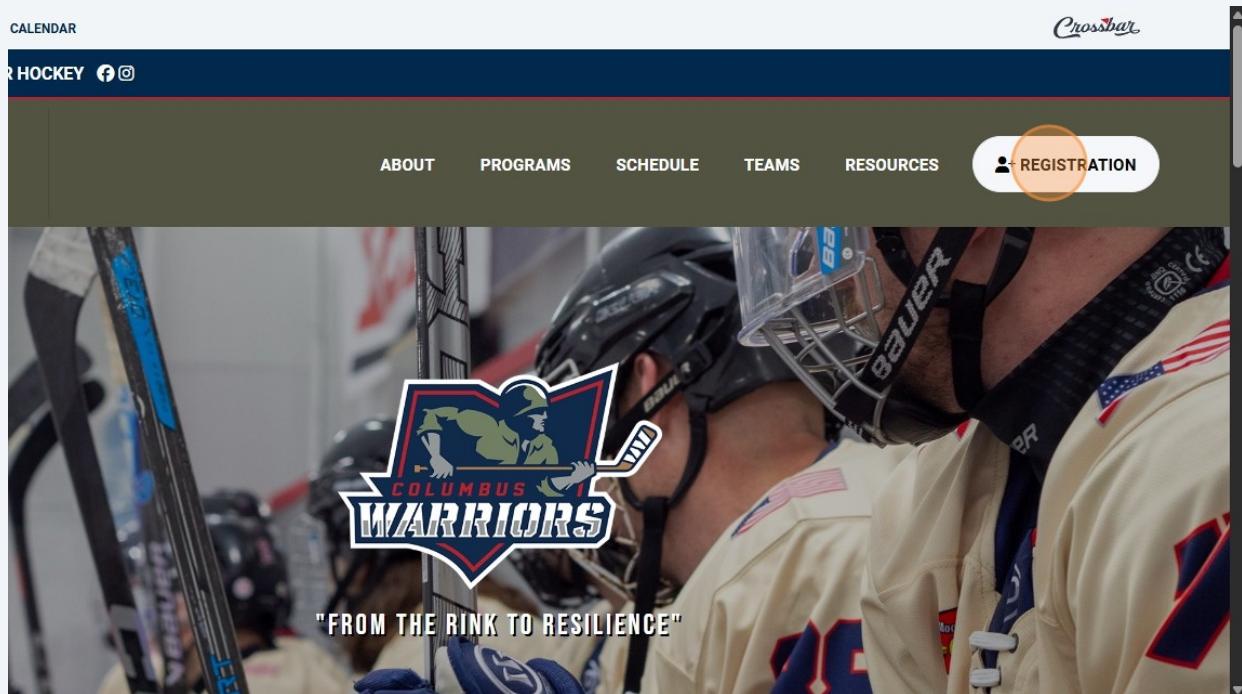
Register for Columbus Warrior Hockey

1

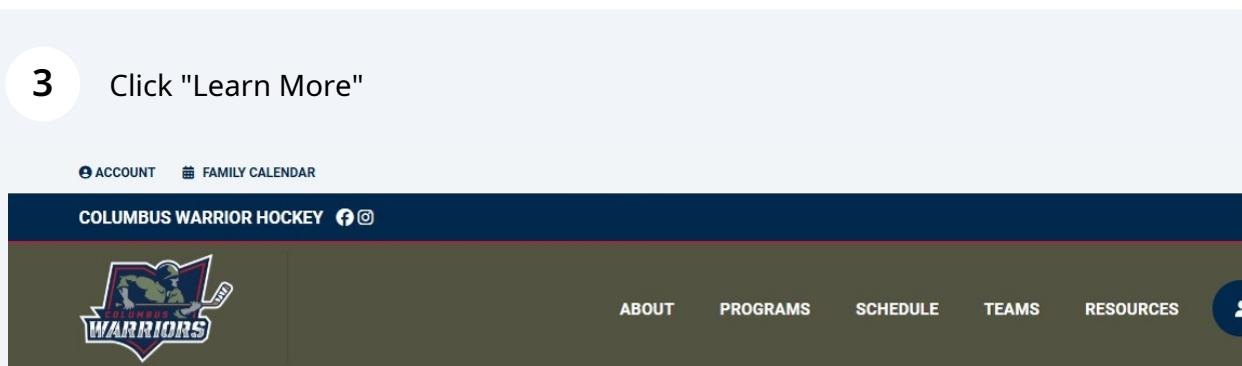
Navigate to <https://www.columbuswarriorhockey.org/>



2 Click "Registration"



3 Click "Learn More"



4 Read the beneficiary group descriptions and click "Register" under the beneficiary group that is applicable to you.

UMBUS WARRIOR HOCKEY

WHY JOIN?

Hockey is a 501(c)(3) non-profit organization that provides honorably discharged veterans with service connected disabilities a therapeutic experience based on support, the cultivation of mental and physical healing, and physical activity of hockey.

Hockey's approach to accomplishing our mission is unique in that we offer a disabled hockey program with community based activities that incorporate disabled individuals.

Hockey extends participation eligibility to individuals such as current service members, veterans, and family members for participation in our Chiller Adult Hockey League sessions, and Drop-In Hockey sessions. This blending of veterans, current service members, and family members creates a continuum of support that serves to create a positive impact to our local veterans.

DISABLED HOCKEY

EXTENDED BENEFICIARY GROUP

The Extended Beneficiary Group is made up of military-connected individuals who help strengthen our local hockey community and support network. This group consists of veterans without service connected disabilities, Gold Star family members, current service members (Active, Reserve, Guard), and immediate family of participants.

REGISTER

PRIMARY BENEFICIARY GROUP

Honorably discharged U.S. military veterans with service-connected disabilities and/or Purple Heart award. This group represents the core focus of the Columbus Warrior Hockey program and aligns directly with USA Hockey's Warrior Hockey Discipline.

5

Click your name

JOIN COLUMBUS WARRIOR HOCKEY

► EXTENDED BENEFICIARY GROUP

PARTICIPANT

SELECT A PARTICIPANT TO REGISTER:

+ NEW PARTICIPANT



6 Fill out your information and click "Continue"

The screenshot shows a registration form step. On the left, a vertical sidebar lists steps: CHECKOUT, CONFIRMATION, PARTICIPANT, FAMILY, PRICING, DOCUMENTS, Q&A, PAYMENT METHOD, CHECKOUT, and CONFIRMATION. The 'PRICING' step is currently selected. The main form area has a header 'Email Address to Invite' with a 'SEND INVITE' button. Below is a section for 'ADDRESS' with fields for 'Country*', 'City*', 'State*', and 'Zip Code*'. A 'CONTINUE' button is highlighted with an orange circle. At the bottom right are links for 'Privacy • Terms' and a logo.

7 Read the pricing descriptions and select the option that is applicable to you. There is no cost to register, this is just part of the platform feature we use for managing registrations.

The screenshot shows the 'PRICING' step. The sidebar shows steps: PARTICIPANT, FAMILY, PRICING, DOCUMENTS, Q&A, PAYMENT METHOD, CHECKOUT, and CONFIRMATION. The 'PRICING' step is selected. The main area is titled 'PRICING' and says 'Select from the pricing options below.' It lists four options: 'GOLD STAR FAMILY MEMBER' (Expires 1/1/2100, Due Today: \$0.00), 'CURRENT SERVICE MEMBER' (Expires 1/1/2100, Due Today: \$0.00), 'IMMEDIATE FAMILY MEMBER' (Expires 1/1/2007, Due Today: \$0.00), and 'NON-VA RATED HONORABLY DISCHARGED VETERAN' (Expires 1/1/2100, Due Today: \$0.00). The fourth option is highlighted with an orange circle. A 'CONTINUE' button is at the bottom left, and a 'Privacy • Terms' link is at the bottom right.

8 Click "Continue"

PRICING

Select from the pricing options below.

<input type="radio"/>	GOLD STAR FAMILY MEMBER Expires 1/1/2100	Due Today: \$0.00
<input type="radio"/>	CURRENT SERVICE MEMBER Expires 1/1/2100	Due Today: \$0.00
<input type="radio"/>	IMMEDIATE FAMILY MEMBER Expires 1/1/2007	Due Today: \$0.00
<input checked="" type="radio"/>	NON-VA RATED HONORABLY DISCHARGED VETERAN Expires 1/1/2100	Due Today: \$0.00

[< BACK](#) [CONTINUE >](#)

 Privacy • Terms

9 You will now be prompted to enter your supporting documentation to establish eligibility.



Warning: Failure to submit correct documentation will result in registration delays as we will have to reject submissions that deviate from the following:

Primary Beneficiary Group

Disabled Veterans and Purple Heart Recipients: Please provide a VA Benefit Summary Letter that shows your VA Rating percentage and character of discharge and/or Purple Heart Award documentation.

Extended Eligibility Beneficiary Group

Non-VA Rated Honorable Discharged Veterans: Please provide a VA Service Verification Letter that shows your VA Rating percentage and character of discharge.

Current Service Members: Please provide an SCRA letter from the Servicemembers Civil Relief Act (SCRA) website

Gold Star Family Members and Immediate Family of Current Participants over the age of 18: Please contact us at info@columbuswarriorhockey.org or have your sponsor contact us.

Please do not submit any other documents, screenshots, or anything containing unredacted PII.

10 Select the branch of service you are affiliated with

JOIN COLUMBUS WARRIOR HOCKEY

► EXTENDED BENEFICIARY GROUP

Q&A

What branch of service are you affiliated with*

U.S. Marine Corps

What is your skill level?*

- Current D League Player or Beginner
- Current C Player or Advanced Beginners/Adults with 2 Years Experience
- Current B Player or Player with Youth/High School Hockey Experience
- Current A Player or Player with High Level HS, College, or Pro
- Coaching Experience
- Volunteer

What is your preferred position?*

Select Option

What is your secondary position?*

Select Option

What is your preferred jersey number?*



11 Select your current skill level

JOIN COLUMBUS WARRIOR HOCKEY

► EXTENDED BENEFICIARY GROUP

Q&A

What branch of service are you affiliated with?

What is your skill level?*

Current D League Player or Beginner
 Current C Player or Advanced Beginners/Adults with 2 Years Experience
 Current B Player or Player with Youth/High School Hockey Experience
 Current A Player or Player with High Level HS, College, or Pro
 Coaching Experience
 Volunteer

What is your preferred position?*

What is your secondary position?*

What is your preferred jersey number?*

12 Select your preferred player position

► EXTENDED BENEFICIARY GROUP

Q&A

What branch of service are you affiliated with?

What is your skill level?*

Current D League Player or Beginner
 Current C Player or Advanced Beginners/Adults with 2 Years Experience
 Current B Player or Player with Youth/High School Hockey Experience
 Current A Player or Player with High Level HS, College, or Pro
 Coaching Experience
 Volunteer

What is your preferred position?*

What is your secondary position?*

What is your preferred jersey number?*

Coaches and Volunteers: Please put N/A

13 Select your secondary player position

FAMILY
PRICING
DOCUMENTS
Q&A
PAYMENT METHOD
CHECKOUT
CONFIRMATION

Q&A

What branch of service are you affiliated with?

U.S. Marine Corps

What is your skill level?*

- Current D League Player or Beginner
- Current C Player or Advanced Beginners/Adults with 2 Years Experience
- Current B Player or Player with Youth/High School Hockey Experience
- Current A Player or Player with High Level HS, College, or Pro
- Coaching Experience
- Volunteer

What is your preferred position?*

Right Defense

What is your secondary position?*

Center

What is your preferred jersey number?*

Coaches and Volunteers: Please put N/A

If your first choice is unavailable, do you have a preference in jersey number?

14

Please provide (1) numerical response for your preferred jersey number. (Please use numbers instead of spelling out the number and do not make more than one number selection)

DOCUMENTS
Q&A
PAYMENT METHOD
CHECKOUT
CONFIRMATION

What is your skill level?*

- Current D League Player or Beginner
- Current C Player or Advanced Beginners/Adults with 2 Years Experience
- Current B Player or Player with Youth/High School Hockey Experience
- Current A Player or Player with High Level HS, College, or Pro
- Coaching Experience
- Volunteer

What is your preferred position?*

Right Defense

What is your secondary position?*

Center

What is your preferred jersey number?*

Coaches and Volunteers: Please put N/A

If your first choice is unavailable, do you have a preference in jersey number?
Coaches and Volunteers: Please put N/A

Waiver Acknowledgement and Release of Liability*

15

Please provide (1) numerical response for your second preferred jersey number. (Please use numbers instead of spelling out the number and do not make more than one number selection)

What is your skill level?*

Current D League Player or Beginner
 Current C Player or Advanced Beginners/Adults with 2 Years Experience
 Current B Player or Player with Youth/High School Hockey Experience
 Current A Player or Player with High Level HS, College, or Pro
 Coaching Experience
 Volunteer

What is your preferred position?*

Right Defense

What is your secondary position?*

Center

What is your preferred jersey number?*
Coaches and Volunteers: Please put N/A

17

If your first choice is unavailable, do you have a preference in jersey number?
Coaches and Volunteers: Please put N/A

|

Waiver Acknowledgement and Release of Liability*

16

Read the waiver and acknowledge by typing your full name (First, MI, Last) in the text box at the bottom of the waiver

I further agree to indemnify and hold harmless the Released Parties from all claims, actions, causes of action, or damage on my behalf by any other party stemming from my participation in any and all Columbus Warrior Hockey activities. Cons Photographed: I hereby irrevocably grant Columbus Warrior Hockey permission to freely use, reproduce, publish and distribute, reproduced, published and distributed) the photograph(s) or motion picture(s) taken and the recordings of my voice through any medium whatsoever (all above hereinafter the "Media") for the purposes of promoting the programs of Color Hockey, including but not limited to all forms of Media. I hereby agree that Columbus Warrior Hockey shall, at its discretion, change, edit and/or treat the photograph(s)/motion picture(s), provided that the image(s) of myself, and/or the setting(s) photograph(s)/video(s) were taken, are not misrepresented. In addition, I hereby grant Columbus Warrior Hockey the right to quote or quotations on the photograph(s)/video(s) of myself without identifying me. I understand that the photograph(s)/video(s) of myself, for the above-mentioned purposes, free of charge. I hereby release and agree to indemnify and hold harmless the Released Parties from all claims, causes of action, damages, liabilities or expenses, existing now or in the future, that I may now or hereinafter bring, for the use of the photograph(s)/video(s) of myself without identifying me. I understand that the photograph(s)/video(s) of myself, for the above-mentioned purposes, free of charge. I hereby release and agree to indemnify and hold harmless the Released Parties from all claims, causes of action, damages, liabilities or expenses, existing now or in the future, that I may now or hereinafter bring, for the use of the photograph(s)/video(s) of myself without identifying me.

I HAVE READ THIS AGREEMENT AND UNDERSTAND THE RIGHTS I HAVE WAIVED HEREIN. By inputting my full name below, I accept all Waivers and Releases of Columbus Warrior Hockey and all other entities and persons named in any related Waiver or Release documents issued by Columbus Warrior Hockey, of all liability, regardless of the circumstances.

I HAVE READ THIS PARAGRAPH AND AGREE. (Enter full name in text box below)



Just a heads up...

Crossbar is going to ask you for a payment method. This registration is free, however crossbar has payment locked to the system. We are working with Crossbar to fix this.

OK

◀ BACK

17 Acknowledge the note by clicking OK

through any medium whatsoever (all above hereinafter the "Media") for the purposes of promoting the programs of Columbus Warrior Hockey, including but not limited to all forms of Media. I hereby agree that Columbus Warrior Hockey shall, at its discretion, have the right to change, edit and/or treat the photograph(s)/motion picture(s), provided that the image(s) of myself, and/or the setting(s) in which the photograph(s)/video(s) were taken, are not misrepresented. In addition, I hereby grant Columbus Warrior Hockey the right to superimpose text or quotations on the photograph(s)/video(s) of myself without identifying me. I understand that the photograph(s)/video(s) will become the property of Columbus Warrior Hockey. The photographs may be used by Columbus Warrior Hockey without any further consultation with me, for the above-mentioned purposes, free of charge. I hereby release and agree to indemnify and hold harmless the Released Parties from any and all claims, causes of action, damages, liabilities or expenses, existing now or in the future, that I may now or hereafter have, arising in any way out of the use by Columbus Warrior Hockey of my physical likeness or voice and reproductions or recordings thereof.

I HAVE READ THIS AGREEMENT AND UNDERSTAND THE RIGHTS I HAVE WAIVED HEREIN. By inputting my full name below, I willingly accept all Waivers and Releases of Columbus Warrior Hockey and all other entities and persons named in any related Waiver or Release documents. I understand checking this box absolves Columbus Warrior Hockey and any other entities and persons named in any related Waiver or Release documents issued by Columbus Warrior Hockey, of all liability, regardless of the circumstances.

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OK

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CONTINUE >

Privacy • Terms

18 Click "Continue"

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OK

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CONTINUE >

Privacy • Terms

19 Select your preferred payment method and complete the process.

JOIN COLUMBUS WARRIOR HOCKEY

► EXTENDED BENEFICIARY GROUP

PAYMENT METHOD

PAY VIA ELECTRONIC CHECK

PAY VIA DEBIT OR CREDIT CARD

CONTINUE >

Privacy • Terms

20 Complete the payment process and follow prompts until you receive your registration confirmation.