

# Register for Columbus Warrior Hockey

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

HOME ABOUT FAMILY CALENDAR

Crossbar

COLUMBUS WARRIOR HOCKEY



ABOUT

PROGRAMS

SCHEDULE

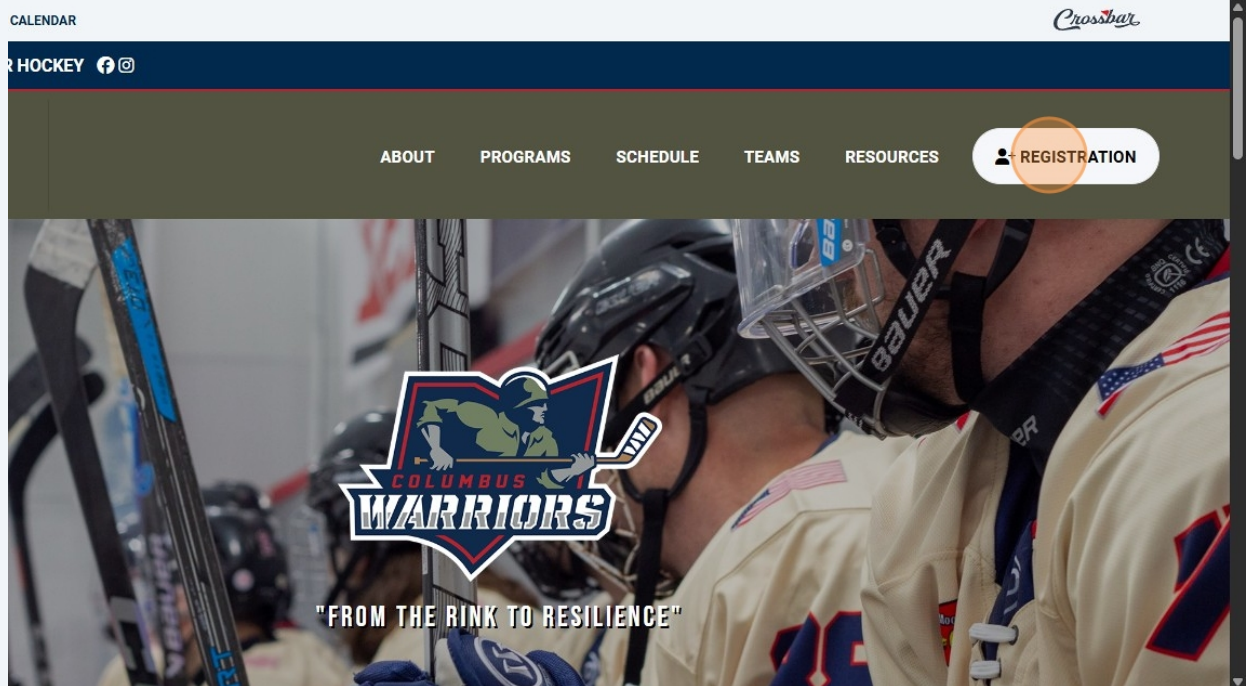
TEAMS

RESOURCES

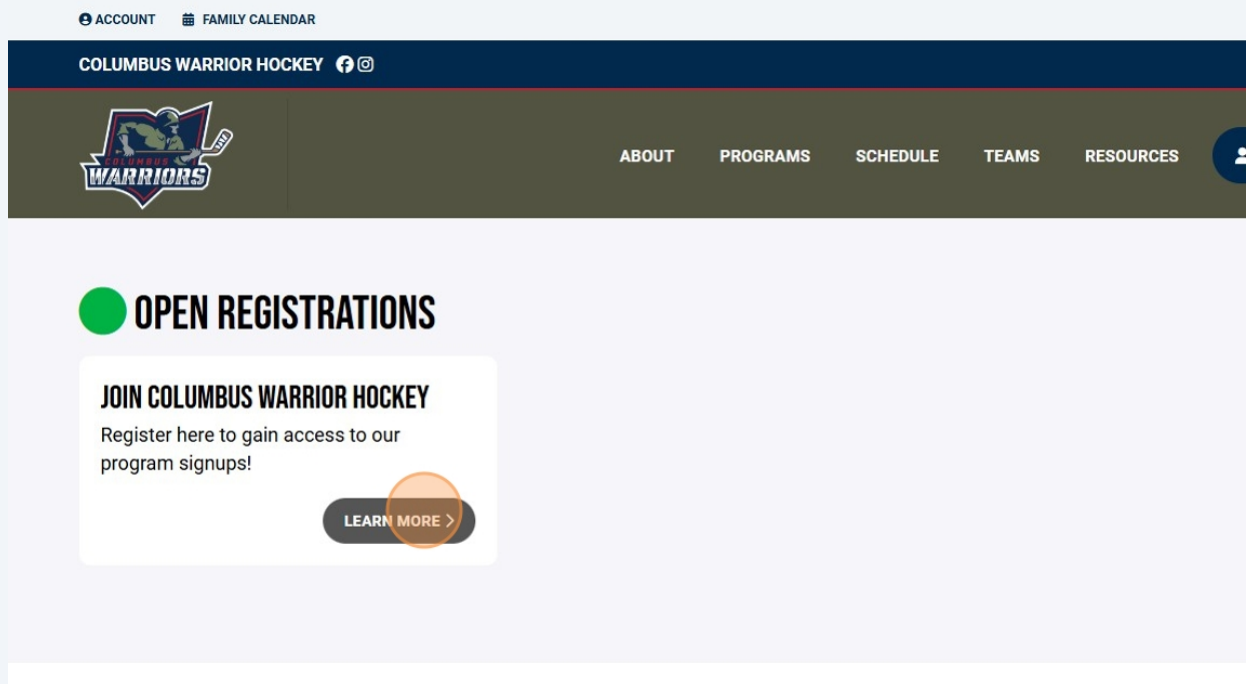
REGISTRATION



## 2 Click "Registration"



## 3 Click "Learn More"



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

## UMBUS WARRIOR HOCKEY

### WHY JOIN?

ockey is a 501(c)(3) non-profit organization that provides honorably itary veterans with service connected disabilities a therapeutic experience sed support, the cultivation of mental and physical healing, and physical sport of hockey.

ockey's approach to accomplishing our mission is unique in that we abled hockey program with community based activities that incorporate cted individuals.

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

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Click your name

#### PARTICIPANT

[FAMILY](#)[PRICING](#)[DOCUMENTS](#)[Q&A](#)[PAYMENT METHOD](#)[CHECKOUT](#)[CONFIRMATION](#)

## 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 with a sidebar on the left containing 'CHECKOUT' and 'CONFIRMATION'. The main form area has a 'SEND INVITE' button at the top right. Below it is an 'ADDRESS' section with input fields for address lines, 'Country\*', 'City\*', 'State\*', and 'Zip Code\*'. At the bottom of the form are '< BACK' and 'CONTINUE >' buttons. A small 'Privacy - Terms' link is visible in the bottom right corner.

## 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 a registration form with a sidebar on the left containing 'PARTICIPANT', 'FAMILY', 'PRICING', 'DOCUMENTS', 'Q&A', 'PAYMENT METHOD', 'CHECKOUT', and 'CONFIRMATION'. The main form area is titled 'PRICING' and instructs the user to 'Select from the pricing options below.' There are four radio button options, each with a description, expiration date, and 'Due Today: \$0.00'. The fourth option, 'NON-VA RATED HONORABLY DISCHARGED VETERAN', is highlighted with an orange circle. At the bottom of the form is a '< BACK' button.

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

## 8 Click "Continue"

The screenshot shows a web interface for selecting pricing options. On the left is a vertical sidebar with several grey rectangular buttons. The main content area is titled "PRICING" and contains the instruction "Select from the pricing options below." There are four radio button options, each with a title, an expiration date, and a price. The first three options are unselected, while the fourth is selected, indicated by a blue dot. At the bottom left is a "< BACK" button, and at the bottom right is a green "CONTINUE >" button. In the bottom right corner, there is a small icon for a circular arrow and a link to "Privacy - Terms".

Option	Member Type	Expires	Due Today
<input type="radio"/>	GOLD STAR FAMILY MEMBER	1/1/2100	\$0.00
<input type="radio"/>	CURRENT SERVICE MEMBER	1/1/2100	\$0.00
<input type="radio"/>	IMMEDIATE FAMILY MEMBER	1/1/2007	\$0.00
<input checked="" type="radio"/>	NON-VA RATED HONORABLY DISCHARGED VETERAN	Expires 1/1/2100	\$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](mailto:info@columbuswarriorhockey.org) or have your sponsor contact us.

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

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Select the branch of service you are affiliated with

NT

RS

METHOD

TION

## 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

PARTICIPANT

FAMILY

PRICING

DOCUMENTS

**Q&A**

PAYMENT METHOD

CHECKOUT

CONFIRMATION

### 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?\***

## 12 Select your preferred player position

PARTICIPANT

FAMILY

PRICING

DOCUMENTS

**Q&A**

PAYMENT METHOD

CHECKOUT

CONFIRMATION

► 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?\***

Right Defense

**What is your secondary position?\***

Select Option

**What is your preferred jersey number?\***

Coaches and Volunteers: Please put N/A

## 13 Select your secondary player position

FAMILY	<b>Q&amp;A</b>
PRICING	<b>What branch of service are you affiliated with*</b>
DOCUMENTS	<input type="text" value="U.S. Marine Corps"/>
<b>Q&amp;A</b>	<b>What is your skill level?*</b>
PAYMENT METHOD	<input checked="" type="radio"/> Current D League Player or Beginner
CHECKOUT	<input type="radio"/> Current C Player or Advanced Beginners/Adults with 2 Years Experience
CONFIRMATION	<input type="radio"/> Current B Player or Player with Youth/High School Hockey Experience
	<input type="radio"/> Current A Player or Player with High Level HS, College, or Pro
	<input type="radio"/> Coaching Experience
	<input type="radio"/> Volunteer
	<b>What is your preferred position?*</b>
	<input type="text" value="Right Defense"/>
	<b>What is your secondary position?*</b>
	<input type="text" value="Center"/>
	<b>What is your preferred jersey number?*</b>
	Coaches and Volunteers: Please put N/A
	<input type="text"/>
	<b>If your first choice is unavailable, do you have a preference in jersey number?</b>
	Coaches and Volunteers: Please put N/A
	<input type="text"/>

## 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	<b>What is your skill level?*</b>
<b>Q&amp;A</b>	<input checked="" type="radio"/> Current D League Player or Beginner
PAYMENT METHOD	<input type="radio"/> Current C Player or Advanced Beginners/Adults with 2 Years Experience
CHECKOUT	<input type="radio"/> Current B Player or Player with Youth/High School Hockey Experience
CONFIRMATION	<input type="radio"/> Current A Player or Player with High Level HS, College, or Pro
	<input type="radio"/> Coaching Experience
	<input type="radio"/> Volunteer
	<b>What is your preferred position?*</b>
	<input type="text" value="Right Defense"/>
	<b>What is your secondary position?*</b>
	<input type="text" value="Center"/>
	<b>What is your preferred jersey number?*</b>
	Coaches and Volunteers: Please put N/A
	<input type="text"/>
	<b>If your first choice is unavailable, do you have a preference in jersey number?</b>
	Coaches and Volunteers: Please put N/A
	<input type="text"/>
	<b>Waiver Acknowledgement and Release of Liability*</b>



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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

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**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\***



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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 distr used, 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 discretic 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 text or quotations on the photograph(s)/video(s) of myself without identifying me. I understand that the photograph(s)/vi the property of Columbus Warrior Hockey. The photographs may be used by Columbus Warrior Hockey without any furth me, for the above-mentioned purposes, free of charge. I hereby release and agree to indemnify and hold harmless the Rel any and all claims, causes of action, damages, liabilities or expenses, existing now or in the future, that I may now or here in any way out of the use by Columbus Warrior Hockey of my physical likeness or voice and reproductions or recordings I

I HAVE READ THIS AGREEMENT AND UNDERSTAND THE RIGHTS I HAVE WAIVED HEREIN. By inputting my full name bel accept all Waivers and Releases of Columbus Warrior Hockey and all other entities and persons named in any related Wa documents. I understand checking this box absolves Columbus Warrior Hockey and any other entities and persons name 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 using to handle registrations. 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.

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☐ OK

< BACK

CONTINUE >



## 18 Click "Continue"

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☒ OK

< BACK

CONTINUE >



- 19 Select your preferred payment method and complete the process.

The screenshot shows a web interface for joining Columbus Warrior Hockey. The main heading is "JOIN COLUMBUS WARRIOR HOCKEY" in bold black text. Below it, a sub-heading reads "▶ EXTENDED BENEFICIARY GROUP". The central section is titled "PAYMENT METHOD" and contains two large rectangular buttons. The left button is grey and labeled "PAY VIA ELECTRONIC CHECK". The right button is white with a green border and labeled "PAY VIA DEBIT OR CREDIT CARD"; it features a large orange circle in the center, indicating it is the selected option. At the bottom left of the payment section is a grey button with a left arrow and the text "< BACK". At the bottom right is a green button with the text "CONTINUE >". On the far right edge of the interface, there is a vertical scrollbar and a small "Privacy - Terms" link icon at the bottom.

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