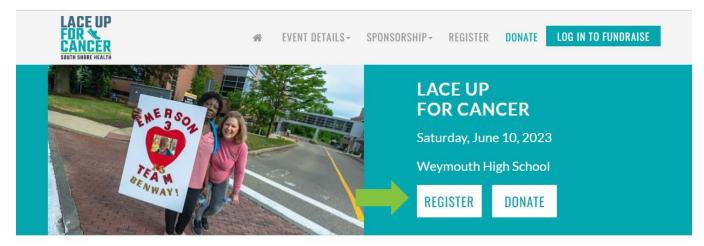


# **How to Start a Team**

Use this guide for step-by-step instructions on how to start a team for the 2023 Lace Up for Cancer event!

## **Getting Started**

1. Visit: <u>SouthShoreHealth.org/Walk</u>. Then, click on the **Register** box.



2. Then, click on the "Start A Team" box.

START A TEAM		Select this option if you want to start a new team. Become a team captain and get started!			
	JOIN A TEAM	Choose this option if your team captain has already registered and you want to join them.			
	WALK AS AN INDIVIDUAL	Select this option if you are interested in walking without a team. You can always join someone else's team later!			
	DONATE TO A WALKER	Select this option if you would like to support a current registered walker.			



3. If this is your first time participating in an event for South Shore Health, click the "Join As A New Participant" box. If you have participated in a past fundraising event at South Shore Health, log in as returning user using your User Name and Password.\*

Returning Participant of	or User Login
<ul> <li>Indicates Required</li> <li>New User</li> </ul>	
JOIN AS A NEW PARTI	CIPANT
Returning User	
* User Name:	
* Password:	
LOG IN	
Email me my login information	

Lace Up for Cancer

\*If you can't remember your user name and password, click "**Email me my login information**" and input your email. If you do not see the email with your information in your inbox, be sure to check your spam/junk folder! It sometimes can take a few minutes to receive.

4. In the text box provided, type your desired team name and your team fundraising goal. If your company is sponsoring the event, you can select your company affiliation here. If not, you can skip this step and click the "Next Step" located on the bottom of the page. Note: South Shore Health Department teams, please choose South Shore Health as company affiliation.

Lace Up for Cancer			
1 Get Started 2 Select Options 3	Provide Agree to Details Terms	5 Review 6 Make Payment	
Start or Join a Tea	m		
Team Name:			
Team Fundraising Goal:			
\$2,500.00 Suggested Team Goal: \$2,500.00			
Company Affiliation:			
Choose an existing company			*
			NEXT STEP

Questions? Please email <u>FoundationEvents@southshorehealth.org</u> or call 781-624-8600.

**5.** Next fill in your personal fundraising goal and if you would like to donate today. Please note there is no fundraising minimum or registration fee, but a suggested donation of \$25 is appreciated! When finished, click "**Next Step**" located on the bottom of the page.

1 Get Started 2	Select Options	3 Provide Details	4 Agree to Terms	5 Review	6 Make Payment			
* Indicates Required	Set your personal fundraising goal, and if you wish, make a donation!  * Indicates Required							
Walker - No Fee There is no registration f Your Fundraising Soal:		ed donation of \$2	25 is appreciated!					
\$500.00 Suggested Goal: \$500.00 Would you like to make	e the first dona	tion to your fu	ndraising page?					
\$25.00 \$30.00 \$100.00 \$250.00 \$500.00	□ Yes, ma ☑ Yes, you	ake this an ano		lonation publicly	<i>i.</i>			
Other Preferred Am No Additional Gift PREVIOUS STEF								NEXT STEP

6. Fill out your personal information in the text boxes provided. Any item that has a red (\*) is required to move forward. If you are a returning user, please review the information to ensure nothing needs to be updated.

	Get Started     2     Select Options     9rovide Details     Agree to Terms     5     Review
	Registration
	* Indicates Required Please complete the registration form below
	Personal Information
	Title
(	First
/	* Last
$\overline{\ }$	
	Employment Information
	Employer:

Questions? Please email FoundationEvents@southshorehealth.org or call 781-624-8600.

On this page, after you've filled out your Personal Information, you will create your User Name and Password to access your Participant Center. For example, your user name can be your email address. If you are a returning user, you will not see this step and should continue to Step 8. Please remember your access information, as you will need it to sign in to your Participant Center in the future.

I	Participant Center Access Information
0	User Name:
Y	
	5 to 60 characters
6	Password:
Y	
	12 to 99 characters
	Repeat Password:

8. Next, please read the Waiver and Release of Liability and click the box stating you agree with the terms and conditions. Then hit the "**Next Step**" box at the bottom of the page.

#### LACE UP FOR CANCER



## - WAIVER AND RELEASE OF LIABILITY

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Please take a moment to read and agree to the following waiver.

By attending Lace Up for Cancer ("Event") I knowingly, for myself and my heirs, executors and administrators, release, indemnify, hold harmless from, and waive any and all claims, damages, and causes of action, present or future, whether known or unknown, foreseen or unforeseen, arising or resulting from, incident to or as a consequence of my participation in this event, which I may now or hereafter have against South Shore Health and its subsidiaries and affiliates, including the South Shore Health Foundation, the respective Board of Directors, Trustees, staff, volunteers, vendors, agents and other attendees. I intend this to be a general waiver of any and all claims which are in any way related to participation in, or attendance at, this event. I am responsible for my vehicle, my guests, and personal belongings.

I understand: I will follow any proper guidelines that are currently in place or implemented prior to or at the Event, including but not limited to, CDC and state gathering guidelines. I also grant full permission for organizers to use photographs of me and quotations from me for news stories, promotions and fundraising.

I agree with the terms and conditions above.

CANCEL



Questions? Please email FoundationEvents@southshorehealth.org or call 781-624-8600.

**9.** Review your Registration Summary. If everything is correct, click the "**Complete Registration**" box at the bottom right of the page. If you need to edit something, click the teal "**Edit**" next to the section that you need to modify. You can also register other family members before completing by clicking the teal "**Register Family Member**".

\$0.00
\$0.00
Participant Total: \$0.00
\$0.00
REGISTER FAMILY MEMBER COMPLETE REGISTRATION

### **REGISTRATION SUMMARY**

**10.** You have completed your registration! You will see this page as your confirmation and you will also be getting an email from us.

THANKS FOR REGISTERING Thank you for registering for Lace Up for Concert A confirmation email has been sent to <b>cbos</b>		
Start fundraising today with your Participant Center!		
ACCESS YOUR PARTICIPANT CENTER		
TRANSACTION SUMMARY		
Total Purchase Amount:	\$0.00	
Fair Market Value:	\$0.00	
Tax Deductible Value:	\$0.00	
Tracking Code:		
REGISTRATION SUMMARY		
Participation Type: Walker	\$0.00	
Extra Gift:	\$0.00	
	Participant Total: \$0.00	

Questions? Please email FoundationEvents@southshorehealth.org or call 781-624-8600.