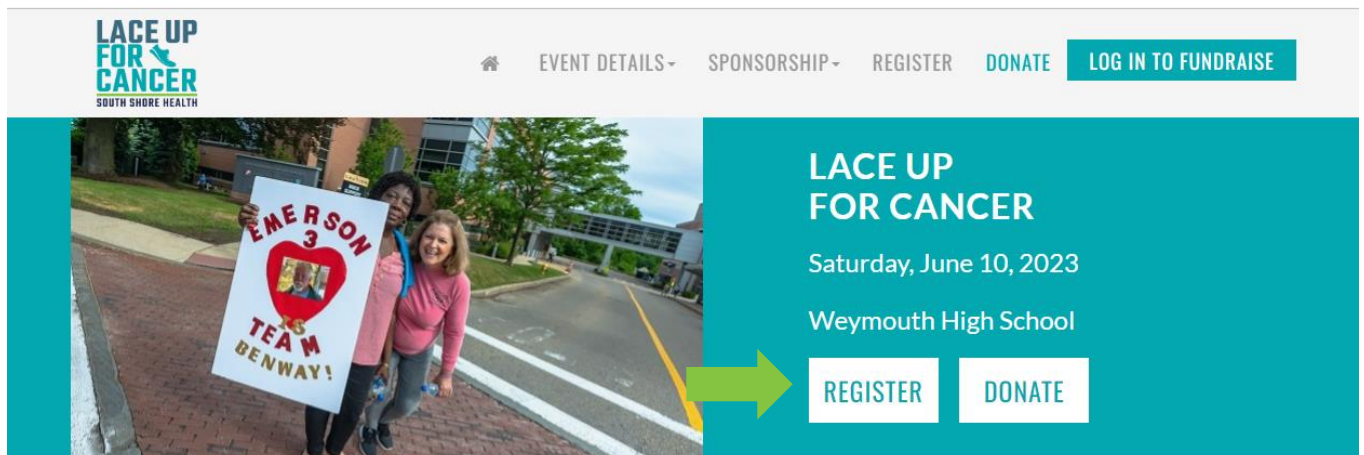


How to Join a Team

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

Getting Started

1. Visit: SouthShoreHealth.org/Walk. Then, click on the “**Register**” box.



2. Then, click on the “**Join A Team**” box.

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

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**.*

Lace Up for Cancer

Returning Participant or User Login

* Indicates Required

New User



JOIN AS A NEW PARTICIPANT

Returning User

* User Name:

* Password:



LOG IN

[Email me my login information](#)

*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 “**Team Name**” section, type the name of the team you wish to join, and then click “**Search For A Team**”. Or you can browse all teams by just clicking “**Search For A Team**”.

Lace Up for Cancer

1 Get Started 2 Select Options 3 Provide Details 4 Agree to Terms 5 Review

Start or Join a Team

* Team Name:

Company Affiliation:

Choose an existing company



SEARCH FOR A TEAM

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

5. Once you have hit **“Search For A Team”** the website will populate team names. Click the teal **“Join”** box to the right of the team you want to join! If you do not see your team, either the team has not yet been created or the team name was entered incorrectly.

Start or Join a Team

* Team Name:

Company Affiliation:

SEARCH FOR A TEAM

Search Results

Viewing 1-3 of 3 [Previous](#) | [Next](#)

Sort By:

Friends of South Shore Health

Team Captain:
Barbara Wahlstrom

Company:
South Shore Health

Join

Team Foundation

Team Captain:
Catie Bossa

Company:
South Shore Health

Join



Team South Shore Health

Team Captain:
Kaitlynn Torres

Company:
South Shore Health

Join

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

6. 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

Get Started

Set your personal fundraising goal, and if you wish, make a donation!

- * Indicates Required
- * We are glad to have you raising funds as a:

Walker - No Fee

There is no registration fee, but a suggested donation of \$25 is appreciated!

Your Fundraising Goal:

\$500.00

Suggested Goal: \$500.00

Would you like to make the first donation to your fundraising page?

- \$25.00 Yes, make this an anonymous gift.
- \$50.00 Yes, you can display the amount of my donation publicly.
- \$100.00
- \$250.00
- \$500.00
- Other Preferred Amount:
- No Additional Gift

PREVIOUS STEP



NEXT STEP

7. 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.

- 1 Get Started 2 Select Options 3 Provide Details 4 Agree to Terms 5 Review

Registration

- * Indicates Required

Please complete the registration form below

Personal Information

Title

* First

* Last

Employment Information

Employer:

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

8. 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 9**. Please remember your access information, as you will need it to sign in to your Participant Center in the future.

Participant Center Access Information

* User Name:

5 to 60 characters

* Password:

12 to 99 characters

* Repeat Password:

9. 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

- 1 Get Started 2 Select Options 3 Provide Details 4 Agree to Terms 5 Review

- WAIVER AND RELEASE OF LIABILITY

[Printable Version](#)

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

NEXT STEP

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

10. 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**” button.

REGISTRATION SUMMARY

You have configured 1 registration.

[Edit]	
Participation Type: Walker	\$0.00
Extra Gift:	\$0.00
Participant Total: \$0.00	

The current total cost is \$0.00

CANCEL

REGISTER FAMILY MEMBER COMPLETE REGISTRATION

11. 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 Cancer!
A confirmation email has been sent to

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

[Edit]	
Participation Type: Walker	\$0.00
Extra Gift:	\$0.00
Participant Total: \$0.00	

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