

# How To Register A Team

Go to [www.livehealthyiowa.org](http://www.livehealthyiowa.org) and click the orange 'Join Today' button, located just below the challenge banner.



If you do not have a Group ID leave this field blank.

Enter Team Name and the Number Of Members you are registering at this time. Roster additions can be made at a later date by the team captain.

Select the division(s) the team will participate in (activity minutes, weight loss **OR** both).

The screenshot shows the 'Challenge Registration Setup' form for the 10 Week Wellness Challenge. At the top, there is a navigation menu with links for HOME, ABOUT US, CHALLENGES & EVENTS, SUCCESS STORIES, and CONTACT US. Below the menu is the title 'Challenge Registration Setup' and a 'Back To Challenge' button. The form is titled '10 Week Wellness Challenge' and includes the following fields: 'Group ID' with the value 'LHIDEMO', 'Team Name' with the value 'Demo Team', and 'Number Of Members' with the value '2'. Under the 'Divisions' section, there are two checkboxes: 'Activity' and 'Weight', both of which are checked. At the bottom right of the form is a green 'Next' button with a right arrow.

Enter the Team Captain's first name, last name, email address and a complete mailing address where the team packet will be sent.

Select "Yes" if the captain will be a participating member of the team. If the Captain will not participate on this team, select "No". (A person can be the captain of multiple teams but may only participate on one.)

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<b>Challenge Registration Captain</b>				<a href="#">Back</a>
<b>10 Week Wellness Challenge (Demo Corp)</b>				
First Name	<input type="text" value="Chase"/>			
Last Name	<input type="text" value="Captian"/>			
Email	<input type="text" value="chase@livehealthyiowa.org"/>			
Address	<input type="text" value="1421 S. Bell Ave #104"/>			
	<input type="text" value="Ames"/>	<input type="text" value="Iowa"/>	<input type="text" value="50010"/>	
Will the captain be a member of this team?	<input type="text" value="Yes"/>			<small>Note: A person can be captain of multiple teams but only be a participating member of one team.</small>
				<a href="#">Next</a>

Enter the first name, last name and email address for each team member.

If a team member does not have an email address or is sharing an email address with another participant, leave this field blank. The email address entered here will be used as the username and may not be shared with another person.

HOME	ABOUT US	CHALLENGES & EVENTS	SUCCESS STORIES	CONTACT US
<b>Challenge Registration Team Members</b>				<a href="#">Back</a>
<b>10 Week Wellness Challenge (Demo Corp)</b>				
Team Captain	<input type="text" value="Chase"/>	<input type="text" value="Captian"/>	<input type="text" value="chase@livehealthyiowa.org"/>	
Member 2	<input type="text" value="Taylor"/>	<input type="text" value="Teammember"/>	<input type="text" value="taylor@livehealthyiowa.org"/>	<input type="text"/>
				<a href="#">Next</a>

Enter the T-shirt size for each team member and click 'Next'.

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### Challenge Registration Questions

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**Chase Captian**

T-shirt Size

**Taylor Teammember**

T-shirt Size

Next

If you are registering with a company or organization that is covering a portion of the registration fee, enter the Subsidy Code and select each team member that the subsidy applies to. Click 'Next'.

If you were **NOT** provided a subsidy code, click 'Skip'.

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### Challenge Registration Subsidy

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If you have a subsidy code, enter it here, or click 'Skip'.

Code

Who does this subsidy apply to?

**Chase Captian**    No    Yes

**Taylor Teammember**    No    Yes

Skip

Next

Review your team information for accuracy.

If payment is required, enter credit card information and click 'Submit'.

If you're participating with a company/organization that is paying the registration fee you will not see the payment option.

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## Registration Payment

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### 10 Week Wellness Challenge (Demo Corp)

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**General**

Team Name	Demo Team
Organization	Demo Corp
Team Captain	Chase Captian

**Team**

Name	Email	Captain	Price	Subsidy	Cost
Chase Captian	chase@livehealthyiowa.org	Yes	\$20.00	N/A	\$20.00
Taylor Teammember	taylor@livehealthyiowa.org	No	\$20.00	N/A	\$20.00
<b>2 Members</b>					<b>\$40.00</b>

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### Payment Info

**Cardholder Name**     

**Email**  

**Street**  

**City**  

**State**      **Zip**  

**Card Number**      **CVC**    [?](#)

**Expiration**     

[Submit](#)

Congratulations! You are now registered for the challenge! You should receive a confirmation email shortly. All members of your team will also receive a confirmation email with the instructions to access their Live Healthy Iowa dashboard. If an email address was not entered for team members, please contact Live Healthy Iowa to receive the needed login information.