

myEZreg - Account Creation Steps & Registration

<https://app.myezreg.com/Leagues/Login/mlcamden>

Below, you will find Instructions for Setting up your Family Account on myEZreg. ****IF YOU ALREADY HAVE A FAMILY ACCOUNT GO TO STEP NUMBER 8****

- 1) If you do not already have a Family Account, you need to click "Click here to create a family account". See below.

THE MIRACLE LEAGUE OF CAMDEN COUNTY

Powered by **myEZreg**

Welcome to the Miracle League of Camden County Registration Page

If you already have a family account and want to register a family member, enter your Email and Password below:

Have an account? - Sign in

*Email:

*Password:

(CaSe SenSitive)

Login

[Forgot Password?](#)

Do not have an account yet?

[Click here to create a family account](#)

If you have never registered before you'll need to create an account. If you have registered for programs in the past, sign in to the left.

Why am I creating an account? By creating an account you establish a record with this organization. By creating the account you will be able to easily login at any time to manage your account, update information, or even make payments for online registrations.

Miracle League of Camden County | 912-322-1970 | camdenmiraclefield@gmail.com | Kingsland Lion's Park Kingsland, GA 31548 | [myEZreg Policy](#) | info@myezreg.com | 3.22.0.0

- 2) Enter the information on the Create Account Screen, click "Create". Note: use a valid email that you own and can access.

Create Account

Account Information

*Email:

*Confirm Email:

*Password:

*Confirm Password:

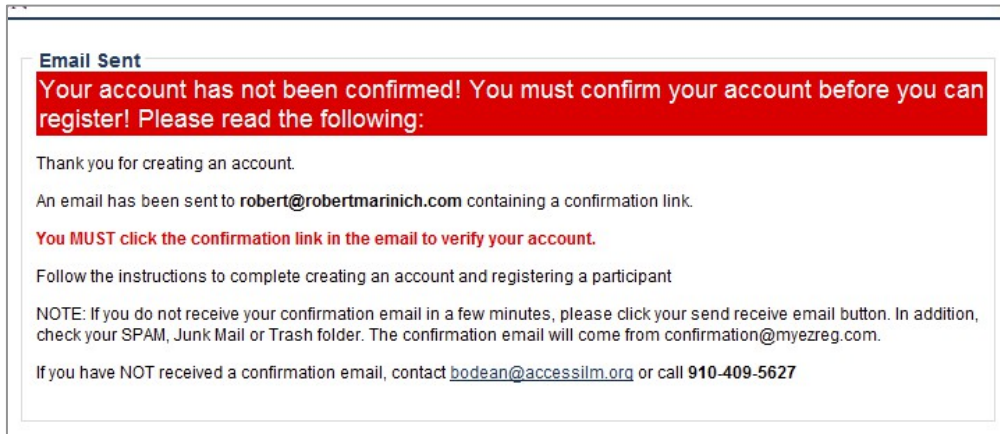
*First Name:

*Last Name:

Create

[Back to Login](#)

- 3) You will receive a message that states, you must confirm your account before you can register. It is important to read this message. See example below.



- 4) The system will send you a confirmation email. You will need to click on the link that is provided on the email. This confirms that you are requesting an account. Important, at this point you will be asked to enter the email and password you created. Doing so will take you to the Create Family Account screen. Follow the instruction, important, enter **your** information. You will be asked later to provide the **participants** information. If you are an adult signing up yourself you will want to check the box at the bottom of the page, if you are signing up another family member DO NOT CHECK the box. When done, click "Create".

LAST if you do not receive a confirmation email, first check your spam or junk mail folder. If it is not there, contact your league director or email bob@myezreg.com for assistance.

Create Family Account

Family Account

*Address:

Address2:

*City: *State: *Zip:

*Primary Phone: We will use this number as your primary contact number

*Secondary Phone:

Click here if you are signing up only yourself:

If you are signing up a child or family member, leave the checkbox unchecked and click the create button below

5) Next you will be asked to create/complete the Parent/Guardian information. Follow the instructions. If you wish to add a second Parent/Guardian, you are provided the option. Click “Create”. Details on next page:

- a. **Add your Birthdate**
- b. **Add your County**
- c. **Add a secondary Contact** and their phone numbers. If you do NOT have a secondary contact use your name and your phone number again.
- d. Next you may add a secondary contact or click “Create”

- 6) On the Participants screen you will need to click “Add Participant”
- a. Add the participant you are trying to register,
 - b. Fill out the information
 - c. When complete, scroll down and click “Create”

- 7) Next you will be asked to add create a participant. Follow the instructions and click create. This will take you to your family account screen. At this time you may add another participant by clicking “Add Participant” or you may “Sign-up” your participant by clicking “Sign-up” to the right of the participants name and follow the instructions.

Bob Marinich

General **Participants** Parents Registrations Payments

Add Participant

Name	DOB	Gender	Phone	Edit
marinich, wil	6/4/1997	M	404-630-5109	Sign-up

Save Cancel

- 8) Registering your participant Click Sign-up to the Right of the Participant you want to register.

Registering

Name	Gender	Email
wil marinich	M	bob@myezreg.com

Register

2017 Miracle League Baseball Fall

Season: Fall
Activity Start: 9/23/2017
Enrollment Start: 1/1/2017
Player Cost: \$55.00

Gender: C
Activity End: 11/18/2017
Late Fee Begins: 9/16/2017

Sport: Baseball
Enrollment End: 9/16/2017

1

- 9) Next Check the “Accept Policy” checkbox, then click “Proceed to Checkout” **IMPORTANT - If you are signing up a second or more participants click “Register another” and repeat for as many participants as you want. OR Proceed to Checkout**

Register

Participant	Division
wil marinich	2017 Miracle League Baseball Fall

League Policy

(scroll to bottom to accept)

I give authorization to participate in the activities for with they are registering. I know that participation in athletic activities involves numerous risks for injuries or even death to players and even potentially to spectators, and that there are numerous risks for injuries or even death to players and even potentially to spectators, absolve, indemnify, and agree to hold harmless the myLeagueRegistration, LLC, and their organizers, sponsors, board members and volunteers from any claim arising out of any injury to child or me whether the result of negligence or otherwise.

Accept Policy 1

*Registration will not be complete until you have paid and received payment confirmation.

Registration Summary

Player	wil marinich
Division	2017 Miracle League Baseball Fall
Fee	\$55.00

Proceed to Checkout Register Another Cancel

10) Next Click "Checkout"

Shopping Cart 1 Item(s)

Item	Amount
2017 Miracle League Baseball Fall for wil marinich	\$55.00
Total	\$55.00

*Payment Method: Credit Card ▼

Checkout Cancel

11) Next Fill out the payment information and click "Checkout"

Checkout

Item	Amount
2017 Miracle League Baseball Fall for wil marinich	\$55.00
Total	\$55.00

*Card Type: Visa ▼

*Name on Card:

*Card Number:

*Expiration: 1-Jan ▼ 2017 ▼

*Security Code:

*Billing Zip Code:

VISA MasterCard

Checkout Cancel

Important if you have any questions or need assistance, please feel free to call me at the number below. Thank you.

Jeff Norris

912-322-1970

camdenmiraclefield@gmail.com