

# myEZreg - Account Creation Steps & Registration

Please click on this link to access the registration site:

<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, please 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](mailto:camdenmiraclefield@gmail.com) | Kingsland Lion's Park Kingsland, GA 31548 | [myEZreg Policy](#) | [info@myezreg.com](mailto:info@myezreg.com) | 3.22.0.0

- 2) Enter the information on the “Create Account” screen and then click “Create”.

Note: Please use a valid email that you own and can access.

**Create Account**

**Account Information**

\*Email:

\*Confirm Email:

\*Password:

\*Confirm Password:

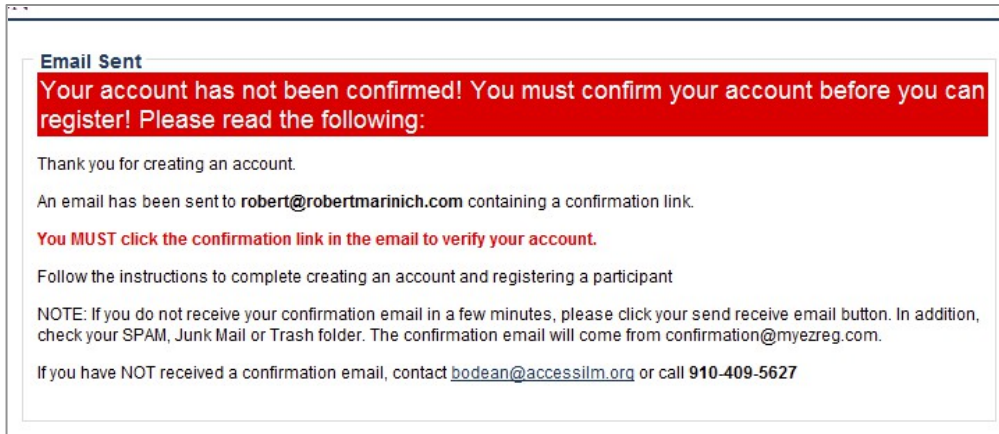
\*First Name:

\*Last Name:

Create

[Back to Login](#)

3) You will receive a message that states that you must confirm your account before you can register. It is important to read this message entirely. Please see the below example:



4) The system will send you a confirmation email. You will need to click on the link that is provided in the email. This confirms that you are requesting an account. IMPORTANT! - At this point, you will be asked to enter the email and password that you created earlier. Doing so will take you to the "Create Family Account" screen. Follow the instructions. IMPORTANT! Please enter **your** information. You will be asked later to provide the **participant's** 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".

Lastly, if you do not receive a confirmation email, first check your spam, promotional or junk email folders. If the confirmation email is not there, contact your league director or email bob@myezreg.com for assistance.

The image shows a screenshot of a web form titled "Create Family Account". The form is titled "Family Account" and contains several input fields: "\*Address:", "Address2:", "\*City:", "\*State:", "\*Zip:", "\*Primary Phone:", and "\*Secondary Phone:". Below the phone fields, there is a checkbox labeled "Click here if you are signing up only yourself:" with the instruction "If you are signing up a child or family member, leave the checkbox unchecked and click the create button below". At the bottom of the form is a "Create" button.

5) Next, you will be asked to create/complete the Parent/Guardian information. Please follow the instructions. If you wish to add a second Parent/Guardian, you are provided that option. Please 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"

**THROUGHSPORTS**

Create Parent

**Primary Guardian**

\*First Name: tom  
 \*Last Name: martin  
 \*Gender: Female  
 \*Date of Birth:   
 Or check the box below:  
 I am over the age of 18  
 \*Address: 321  
 Address2:  
 \*City: we  
 \*State: ga  
 \*Zip: 30004  
 \*County:  
 \*Primary Phone: 555-555-5555  
 \*Secondary Phone: 555-555-5555  
 \*Email: tommy@localhost.com

**Secondary Guardian**

\*First Name:  
 \*Last Name:  
 \*Gender: Female  
 \*Date of Birth:  
 Or check the box below:  
 I am over the age of 18  
 \*Address: 321  
 Address 2:  
 \*City: we  
 \*State: ga  
 \*Zip: 30004  
 \*County:  
 \*Primary Phone: 555-555-5555  
 \*Secondary Phone: 555-555-5555  
 \*Email:

Please provide a secondary emergency contact below :

\*Secondary Contact First Name:  
 \*Secondary Contact Last Name:  
 \*Secondary Contact Phone:

Check here to create a second guardian

Create

- 6) On the Participants screen, please click "Add Participant"
  - a. Add the participant that you are registering
  - b. Please fill out all of the information
  - c. When complete, please scroll down and click "Create"

**THROUGHSPORTS**

Create Participant

**Info**

\*First Name: Middle Initial: \*Last Name:  
 Gender: Male  
 \*Date of Birth:  
 \*Address: 321  
 Address2:  
 \*City: we  
 \*State: ga  
 \*Zip: 30004  
 \*County: Note: County not Country, example, Fulton not, USA  
 \*Primary Phone: 555-555-5555  
 \*Secondary Phone: 555-555-5555  
 \*Email: tommy@localhost.com

**Emergency Contact 1**

\*First Name: tom \*Last Name: martin  
 \*Primary Phone: 555-555-5555 \*Secondary Phone: 555-555-5555

**Emergency Contact 2**

First Name: Last Name:  
 Primary Phone: Secondary Phone:

Create

7) Next, you will be asked to add a participant. Please 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	Sign-up
marinich, wil	6/4/1997	M	404-630-5109		

Save Cancel

8) When registering your participant, click “Sign-up” to the right of the Participant that you wish to register.

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, please 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 then repeat for as many participants as needed. Once you have completed this process for all participants, please click “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, absolute, 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 2

10) Next, please 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, please fill out the payment information and click "Checkout"

Checkout

Item	Amount
2017 Miracle League Baseball Fall for wil marinich	
Total	

\*Card Type: Visa ▼

\*Name on Card:

\*Card Number:

\*Expiration: 1-Jan ▼ 2017 ▼

\*Security Code:

\*Billing Zip Code:

VISA MasterCard

Checkout Cancel

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](mailto:camdenmiraclefield@gmail.com)