



myEZreg Account Creation Steps & Registration for Players, Volunteers/Buddies and Coaches

Please follow these instructions for setting up your family account on myEZreg.

1. Go to <https://app.myezreg.com/Leagues/Login/smml>.

IF YOU ALREADY HAVE A FAMILY ACCOUNT, GO TO STEP 8.

2. If you do not have a family account, select **Click here to create a family account**.

3. Enter the information on the **Create Account** screen and select **Create**. Please use a valid email that you own and can access.

Create Account

[Back to Login](#)



4. You will receive a message that states, **Your account has not been confirmed. You must confirm your account before you can register.** Please read this message and follow the instructions.

Email Sent

Your account has not been confirmed! You must confirm your account before you can register! Please read the following:

Thank you for creating an account.

An email has been sent to robert@robertmarinich.com containing a confirmation link.

You MUST click the confirmation link in the email to verify your account.

Follow the instructions to complete creating an account and registering a participant

NOTE: If you do not receive your confirmation email in a few minutes, please click your send receive email button. In addition, check your SPAM, Junk Mail or Trash folder. The confirmation email will come from confirmation@myezreg.com.

If you have NOT received a confirmation email, contact bodean@accessilm.org or call 910-409-5627

5. The system will send you a confirmation email. Click the link in the email to confirm you are requesting an account.
6. Enter the email and password you created, which will take you to the Create Family Account screen. Follow the instructions on the Create Family Account screen and enter your information. You will provide the participant's information in a later step.
 - If you are an adult signing up yourself, check the box at the bottom of the page.
 - If you are signing up another family member, DO NOT CHECK the box.
 - When done, select **Create**.
 - If you do not receive a confirmation email, check your spam or junk mail folder. If the email is not there, contact registration@swmimiracle.org 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



7. Follow the instructions to complete the Parent/Guardian information. You can include a second Parent/Guardian if you wish. Click **Create**.
8. On the next page, provide the following information:
 - Your birthdate.
 - Your county.
 - A secondary contact and their phone numbers. If you do NOT have a secondary contact, use your name and phone number again.
 - Click **Create**.

THROUGH SPORTS

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: va

*State: ga

*Zip: 30004

*County:

*Primary Phone: 555-555-5555

*Secondary Phone: 555-555-5555

*Email: tommy@localhost.com

Please provide a secondary emergency contact below:

*Secondary Contact First Name:

*Secondary Contact Last Name:

*Secondary Contact Phone:

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

*Address2:

*City: va

*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

9. On the Participants screen, click **Add Participant**.
 - Add the participant you want to register by filling out the information.
 - Click **Create**.

THROUGH SPORTS

Create Participant

Info

*First Name: Middle Initial: *Last Name:

Gender: Male

*Date of Birth:

*Address: 321

*Address2:

*City: va

*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



10. Follow the instructions to **Add Participant** and click **Create**. On the family account page, you may add another participant by clicking **Add Participant**, or you may sign up your participant (see next step).

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

11. Click **Sign-up** to the right of the participant you want to register.

Name	Gender	Email
wil marinich	M	bob@myezreg.com

Register	2017 Miracle League Baseball Fall	
Season: Fall	Gender: C	Sport: Baseball
Activity Start: 9/23/2017	Activity End: 11/18/2017	
Enrollment Start: 1/1/2017	Late Fee Begins: 9/16/2017	Enrollment End: 9/16/2017
Player Cost: \$55.00		

12. Check the **Accept Policy** box, then click **Proceed to Checkout**.
 - If you are signing up a second or more participants, click **Register another** and repeat for as many participants as you want.
 - Proceed to checkout after entering all participants.

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 which they are registering. I know that participation in athletic activities 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 2 Register Another Cancel



13. 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

14. Complete 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:

 

Checkout Cancel

If you have any questions or need assistance, please email registration@swmimiracle.org or feel free to call me at the number below.
Thank you.

Josh Will
Southwest Michigan Miracle League
269-615-3873