



**HBTR 2025 WINTER BASKETBALL LEAGUE  
TEAM REGISTRATION FORM**

TEAM/ORGANIZATION NAME:	
CONTACT PERSON:	
ADDRESS:	
CITY:	
STATE:	
ZIPCODE:	
CONTACT NUMBER:	
CELL NUMBER:	
EMAIL:	

**Please submit team/organization logo (PNG FILE) to [hbtrsports@gmail.com](mailto:hbtrsports@gmail.com)**

**All team logos will be used for game promotion, tournament flyers, game flyers and scoreboard logo placement.**

**[WWW.HBTRINC.COM](http://WWW.HBTRINC.COM)**





**HBTR 2025 WINTER BASKETBALL LEAGUE  
COACHES REGISTRATION FORM**

<b>TEAM NAME:</b>	
<b>HEAD COACH NAME:</b>	
<b>HEAD COACH ADDRESS:</b>	
<b>HEAD COACH HOME NUMBER:</b>	
<b>HEAD COACH CELL NUMBER:</b>	
<b>HEAD COACH EMAIL:</b>	

<b>ASST. COACH NAME:</b>			
<b>CELL NUMBER:</b>			
<b>HOME NUMBER:</b>			
<b>EMAIL:</b>			

[WWW.HBTRINC.COM](http://WWW.HBTRINC.COM)





## TEAM ROSTER

PLEASE CHECK BOX THAT APPLIES.

8U	9U	10U	11U	12U	13U	14U M.S	M.S GIRLS	J.V H.S BOYS	H.S GIRLS	H.S VARS BOYS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRST NAME	LAST NAME	D.O.B	AGE	SCHOOL	GRADE



## MEDIA RELEASE FORM

| (COACH) \_\_\_\_\_ grant

**Hoops By The River INC/Black Latino Entertainment** permission to use the photographs and videos taken during Hoops By The River tournament games and events for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertizing, web and social content.

Furthermore, I understand that no royalty fee or other compensation shall become payable to me by any reason of such use.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_





# MEDIA RELEASE FORM

| (ASST. COACH) \_\_\_\_\_ grant

Hoops By The River INC/Black Latino Entertainment permission to use the photographs and videos taken during Hoops By The River tournament games and events for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertizing, web and social content.

Furthermore, I understand that no royalty fee or other compensation shall become payable to me by any reason of such use.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_





## MEDIA RELEASE FORM

I \_\_\_\_\_ (PARENT/GUARDIAN) of

\_\_\_\_\_ grant Hoops By The River INC/Black Latino ENT.  
(player/participant)

permission to use the photographs and videos taken during Hoops By The River tournament games and events for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertizing, web and social content.

Furthermore, I understand that no royalty fee or other compensation shall become payable to me by any reason of such use.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

PLAYER/PARTICIPENT: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

