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**Coach Bill Bufton, Camp Co-Director**

*FBBA Head Boys Varsity Basketball Coach*

Coach Bufton has been coaching basketball for 28 years, 25 years as a varsity coach, and has 34 years of experience working and running basketball camps. He has led his teams to the state tournament for 11 consecutive years and has averaged 30 wins per season for the past four years. He has coached several Division I players during his 28 years of coaching.

**Coach Roger Wright, Camp Co-Director**

*FBBA JV Boys Varsity Coach*

Coach Wright has been a head coach for 15 years and made seven consecutive appearances in the California State games, as well as the Arkansas State Tournament both years he coached in Arkansas, plus three years of coaching in the State Playoffs for FBBA. Many of his former players have gone on to play at the Division I level.

**Session 1:** Boys rising Grades 1-5  
Fun with Fundamentals **June 6-9,**  
**1:00 to 4:00 p.m., North Campus Gym**

**Session 2:** Boys rising Grades 5-9  
Shooting/Individual Camp **June 13-16,**  
**9:00 a.m. to Noon, North Campus Gym**

**Session 3:** Boys rising Grades 1-5  
**June 13-16 from 1:00 to 4:00 p.m., North**  
**Campus Gym**

Application Form online at  
[www.fbba.org](http://www.fbba.org) or [www.fbbahoops.com](http://www.fbbahoops.com)

## School Information

Fort Bend Baptist Academy  
1250 Seventh Street  
Sugar Land, TX 77478  
Phone: 281-263-9161  
Fax: 281-263-9165



## Camp Highlights

*Each camp will be filled with fundamentals, skills, and competitive drills in a Christian environment. Players will receive personal instruction and positive encouragement from our coaches and staff so each player may improve his game and have a positive camp experience. Campers will also receive a camp ball and t-shirt.*

2011

## Fort Bend Basketball Academy

## Boys Basketball Camp



**Session 1: Fundamental Camp**  
June: 6-9 Boys entering grades 1-5  
1:00-4:00 pm

**Session 2: Shooting/Individual**  
June 13-16 Boys entering grades 5-9  
9:00 to Noon

**Session 3: Fundamental Camp**  
June 13-16 Boys entering grades 1-5  
1:00-4:00pm

2011 FBBA  
Basketball Camp  
Application  
Deadline May 27!!

Name \_\_\_\_\_

Age \_\_\_\_\_ Grade next year \_\_\_\_\_

School \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phones \_\_\_\_\_

Email \_\_\_\_\_

**All Sessions: \$100.00\***

\*After May 27, \$110.00

Session 1     Session 2     Session 3

**Make checks payable to  
FBBA Basketball Camp and mail form to:**

FBBA  
Attn: Roger Wright  
1250 Seventh St.  
Sugar Land, TX 77478

**LIABILITY RELEASE AND MEDICAL CONSENT FORM  
JUNE 2011 BOYS BASKETBALL CAMP**

NAME OF  
PARTICIPANT \_\_\_\_\_

**LIABILITY RELEASE**

- I/We the parent(s)/guardian(s) of \_\_\_\_\_ do attest that our child is in good physical health.
- I/We hereby give my/our consent to allow my/our child to participate in the June 2011 Boys Basketball Camp.
- I/We assume all of the risks, hazards, and financial obligations incidental to the activity of the sport and clinic.
- I/We hereby release, absolve, indemnify, and hold harmless Fort Bend Baptist Academy and the coaches, teachers, administrators, board members, volunteers, and participants and any other person or entity duly acting on behalf of Fort Bend Baptist Academy from any claims arising out of any injuries, of any nature, to my/our child while participating in FBBA activities.

**MEDICAL CONSENT FORM**

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations for the above named student if I, as a parent/guardian, am not present. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary in the best interest of the above named student may be given.

In the event that an emergency arises during the session, every effort will be made to contact the parents/guardians as soon as possible. Permission is also granted to Fort Bend Baptist Academy to provide the needed emergency treatment to the athlete prior to his admission to the medical facilities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Numbers where Parents/Guardians can be reached:

Office \_\_\_\_\_ Cell \_\_\_\_\_  
Home \_\_\_\_\_ Other \_\_\_\_\_

Name of Family Physician \_\_\_\_\_

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

Insurance Company \_\_\_\_\_

Group/Policy Number \_\_\_\_\_