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**Camp Director: Coach Jon Froelich**

A head coach since 1982, Coach Froelich joined FBBA in 2009-10, with 27 years of administration and coaching experience. The 1997 TAPPS 3A Coach of the Year, Froelich has coached at the high school and college level, and has also been active in AAU basketball, taking seven teams to national tournaments over a seven year span. His girls' basketball teams advanced to the Final Four in the state five out of six seasons, compiling a 132-10 won-loss record over a four year span. With 691 wins as a head coach at the high school and college level (baseball and basketball), over 100 former players have gone on to play at a four-year college level.

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

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

**Session 3:** Girls rising Grades 1-5  
**June 13-16 from 1:00 to 4:00 pm, South Campus Gym**

Application on line 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

## Girls Basketball Camp



**Session 1: Fundamental Camp**  
June: 6-9 Girls entering grades 1-5  
1:00-4:00 p.m.

**Session 2: Shooting/Individual**  
June 13-16 Girls entering grades 5-9  
9:00 a.m. to Noon

**Session 3: Fundamental Camp**  
June 13-16 Girls entering grades 1-5  
1:00-4:00 p.m.

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: Jon Froelich  
1250 Seventh St.  
Sugar Land, TX 77478

**LIABILITY RELEASE AND MEDICAL CONSENT FORM**  
**JUNE 2011 GIRLS 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 Girls 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 \_\_\_\_\_