Junior Squash Berlin Summer Camp

During the summer holidays, we are organizing the Junior Squash Berlin Camp for children and teenagers aged 5 to 18 years old. Whether you're a beginner or an experienced player – everyone is welcome! The camp takes place daily from **10:00 am to 4:00 pm** and offers a varied program.

Participants will be divided into groups of approximately six people based on age and experience level at the beginning. Each group will be supervised by a qualified coach who will be available to the participants throughout the week.

The daily schedule follows the latest findings in sports science and training theory:

10:00 am to 10:30 am: Warm-up exercises (running, gymnastics, small games)

10:30 am to 12:30 pm: Squash training (focus on technical skills)

12:30 pm to 1:30 pm: Lunch break/Lunch

1:30 pm to 2:00 pm: Sporting activities (e.g., soccer, volleyball, hockey)

2:00 pm to 4:00 pm: Squash training (focus on tactics and gameplay)

At the end of each camp week, a small tournament will be held with all participants, including an award ceremony, small prizes, and participation certificates for all participants.

The participation fee is €25 per day when booking the entire camp (1 week). This fee includes the daily training program, lunch, snacks and drinks, as well as one water bottle per participant. Payment is due on the first day of the camp between 9:45 am and 10:00 am on-site in cash.

The Junior Squash Berlin Camp takes place in the first week from the **28th of July to 1st of August** and in the second week from the **4th of August to 8th of August** of the Summer Holidays. We look forward to welcoming you to the squash court and experiencing an exciting and sporty week together!

Follow this link to the registration form $\ensuremath{\downarrow}$

Junior Squash Berlin Summer Camp - Registration Form

Paren	nt's Name:			
Conta	act Phone:			
E-Mai	il Adress:			
Partic	cipant 1:			
•	Name: Age: Week of Participation: Allergies: Additional Notes:	 _		
Partic	cipant 2:			
•	Name: Age: Week of Participation: Allergies: Additional Notes:	 _		
Partic	cipant 3:			
•	Name: Age: Week of Participation: Allergies:			

•	Name:
	Age:
	Week of Participation:
•	Allergies:
•	Additional Notes:
[]Ic Camp	onfirm that my child is insured during participation in the Junior Squash Berlin
(Parer	nt's Signature)

Participant 4:

Please fill out the registration form and send it to benjamin@airportsquash.de or leave it at Airport Squash & Fitness, Rue Charles Calmette 11D, 13405 Berlin. You will receive a confirmation of your registration as well as further information about the camp. We are looking forward to it!