

**TOWN OF _____ RECREATIONAL CAMP
LICENSE APPLICATION**

Camp Name and Location Information		
Camp Name: _____		
Location where camp operates: _____		
City: _____	State: _____	ZIP Code: _____
Phone: _____	Fax: _____	
Email: _____		
Website/Social Media address: _____		
Camp Owner/Organization Information		
Owner/Organization Name: _____		
Primary Mailing address: _____		
City: _____	State: _____	ZIP Code: _____
Phone(year-round): _____	Fax: _____	
Email: _____		
<input type="checkbox"/> send license to this email address		
Camp Director/Operator Information (if different than owner)		
Director/Operator Name: _____		
Primary Mailing address: _____		
City: _____	State: _____	ZIP Code: _____
Phone(year-round): _____	Fax: _____	
Email: _____		
<input type="checkbox"/> send license to this email address		
Camp Operating Information		
If the camp previously operated in Massachusetts provide: year(s) the camp operated and the name(s) the camp operated under: <input type="checkbox"/> From: _____ To: _____ Name(s): _____ <input type="checkbox"/> N/A		
Has the camp's license ever been suspended or revoked:(check): <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Neither	Day or Residential Camp: <input type="checkbox"/> Day <input type="checkbox"/> Residential	
Seasonal or Year-Round Camp: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year-Round	Seasonal camp only: Opening Date for camp: _____ Closing Date for camp: _____ Hours of Operation: _____	
Swimming Pool(s): <input type="checkbox"/> Yes <input type="checkbox"/> Off-site <input type="checkbox"/> No	Pool Permit Number: _____ Off-Site Pools (if applicable): _____ Total Number of Pool(s): _____	
Bathing Beach(s): <input type="checkbox"/> Yes <input type="checkbox"/> Off-site <input type="checkbox"/> No	Names of lake or river located at camp (if applicable): _____ Off-Site beaches (if applicable): _____	
Meals Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Permit Number: _____	
Camp Capacity (per Session): Camps: _____ Staff: _____ Total Number for the Year: _____		

Health Care Consultant Information

Name:

MA License Number:

Phone (to reach during camp operations):

Type of Medical License:

Physician

Physician Assistant
Nurse Practitioner

(NOTE: Attach documentation
of pediatric training if a PA)

Other: _____

Health Care Supervisor Information

Name:

MA License Number:

Age:

Type of Medical License, Registration or Training 105 CMR 430.159(C):

Physician
 Nurse

Physician Assistant
Nurse Practitioner

Other: _____ Please attach
documentation of current First Aid / CPR Training

Aquatics Director Information N/A

Name:

Age:

Lifeguard Certificate issued by:

Expiration date: _____

American Red Cross CPR Certificate:

Expiration date: _____

American First Aid Certificate:

Expiration date: _____

Previous aquatics supervisory experience:

Firearms Instructor Information N/A

Name:

National Rifle Association Instructor's card (or equivalent):

Date Certified: _____

Expiration date: _____

Horseback Riding Instructor Information N/A

Name:

License Number:

Expiration date:

Stable Location: _____

Licensed in accordance with MGL c.111 §155, 158:

Yes

No

Drinking Water and Plumbing Information

Is the camp a Public Water System (PWS) or connected to a town water supply?

PWS

Town water supply

Other: _____

Is the camp connected to a municipal sewer or other community, off-site sewage disposal system or is it served by on-site sewage disposal system(s)?

Municipal/Off-Site

On-Site (if on-site, Date of most recent septic tank pumping and inspection: _____)

Other: _____

Renewal or Previously Submitted Information

If **ALL** of the above information was previously submitted **and** has not changed, please note:

INFORMATION ON FILE from previous years

Certification and Signature

I authorize the verification of the information provided in and with the application is true, complete, and not misleading to the knowledge and belief of the signer. I understand that any license granted based on false, incomplete, or misleading information shall be subject to suspension or revocation.

Signature of applicant:	Title:
Name (Please Print):	Date:

Comments or Additional Information

Required Documentation:

Please consult 105 CMR 430.000, MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV and all guidance documents, prior to filling out the application. Additionally, contact the Department of Public Health, Bureau of Environmental Health, Community Sanitation Program for any questions regarding the following documents:

- Staff information forms (e.g. - applications, contact information, health records, certifications, etc.)
- Procedures for the background review of staff and volunteers [105 CMR 430.090]
- A copy of promotional literature [105 CMR 430.190(C)]
- Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]
- A camp health care policy [105 CMR 430.159(B)]
- A discipline policy [105 CMR 430.191]
- A fire evacuation plan – approved by the local fire department [105 CMR 430.210(A)]
- A written statement of compliance from the local fire department [105 CMR 430.215]
- A Disaster/Emergency plan [105 CMR 430.210(B)]
- A lost camper plan [105 CMR 430.210(C)]
- A lost swimmer plan (when applicable) [105 CMR 430.210(C)]
- A traffic control plan [105 CMR 430.210(D)]
- For Day Camps – contingency plans [105 CMR 430.211]
- For Field Trips – A written itinerary, including sources of emergency care, access to health records/medication/first aid kits and contingency plans to be provided to the parents/guardians prior to departure [105 CMR 430.212]
- A current certificate of inspection from the local building inspector [105 CMR 430.451]
- If applying for an initial license after January 1, 2000 – the lab analysis of a private well water supply source (if applicable) [105 CMR 430.300,.303]

Please note:

When seeking a recreational camp license for each community where the camp is located, an applicant shall file an application with the Board of Health at least 90 days prior to the desired opening date, using a form provided by the Department or available from the Board of Health documenting all required information, including, but not limited to, a plan showing the buildings, structures, fixtures and facilities, as needed. [105 CMR 430.631]