

# RECREATIONAL CAMP LICENSE APPLICATION

Camp Name and Location Information			
Camp Name: _____			
Location where camp operates:			
City: _____	State: Massachusetts	ZIP Code: _____	
Phone: _____		Fax: _____	
Email: _____			
Website/Social Media address: _____			
Camp Owner/Organization Information			
Owner/Organization Name: _____			
In Season Mailing Address:			
City: _____	State: _____	ZIP Code: _____	
Phone(year-round): _____		Fax: _____	
Email: _____			
Off Season Mailing Address:			
City: _____	State: _____	ZIP Code: _____	
Phone: _____		Fax: _____	
Camp Director/Operator Information (if different than owner)			
Director/Operator Name: _____			
In Season Mailing Address:			
City: _____	State: _____	ZIP Code: _____	
Phone(year-round): _____		Fax: _____	
Email: _____			
Off Season Mailing Address:			
City: _____	State: _____	ZIP Code: _____	
Phone: _____		Fax: _____	
Camp Director Experience:			
<input type="checkbox"/> 2+ seasons of previous experience working as part of the administrative staff of a recreational camp for children			
<input type="checkbox"/> Documentation of completed camping administration course			
Camp Information			
<input type="checkbox"/> New Camp <span style="margin-left: 200px;"><input type="checkbox"/> License Renewal</span> Most recent license number: _____			
Number of sessions per season: _____ Hours of operation: _____ Session Date(s): _____			
Type of Camp:			
<input type="checkbox"/> Residential	<input type="checkbox"/> Day	<input type="checkbox"/> Sports	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Travel/Trip	<input type="checkbox"/> Primitive	<input type="checkbox"/> Medical Specialty	
Please provide the following information to the best of your ability:			
Expected Number of Staff per Season: _____			
Expected Number of Volunteers per Season: _____			
Expected Number of Campers per Season: _____			

Please provide information on what specialized high risk activities are offered at camp:	
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) : _____
Watercraft Activities (select all that apply): <input type="checkbox"/> Yes <input type="checkbox"/> Off-site  <input type="checkbox"/> Paddlesports (Kayak/Canoe/SUP) <input type="checkbox"/> Motor Powered Boat(s) <input type="checkbox"/> Sailing <input type="checkbox"/> Other: _____  <input type="checkbox"/> No	Off-Site Location (if applicable) : _____
Scuba Diving: <input type="checkbox"/> Yes <input type="checkbox"/> Off-site  <input type="checkbox"/> No	Off-Site Location (if applicable) : _____
Archery/Firearms: <input type="checkbox"/> Yes <input type="checkbox"/> Off-site  <input type="checkbox"/> No	Off-Site Location (if applicable) : _____
Climbing Walls/Challenge Courses/Inflatable: <input type="checkbox"/> Yes <input type="checkbox"/> Off-site  <input type="checkbox"/> No	License Number (if applicable): _____ Total Number of On-Site Elements: _____  Off-Site Location(s) (if applicable): _____
Please provide information on food service at camp:	
Meals Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, please specify the method to provide meals if a camper arrives without a lunch: _____ Food Permit Number: _____	
Please provide information on specific camp staff (as applicable):	
Health Care Consultant Information	
Name: _____	
MA License Number: _____	Phone (to reach during camp operations): _____
Type of Medical License:	
<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner	
Health Care Supervisor Information	
Name: _____	
MA License Number: _____	Age: _____
Type of Medical License, Registration or Training 105 CMR 430.159(C):	
<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Other: _____ <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse Practitioner	
Please attach documentation of current First Aid / CPR Training	
Aquatics Director Information <input type="checkbox"/> 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: _____ _____ _____

Scuba Diving Instructor Information <input type="checkbox"/> N/A	
Name: _____	
Certificate issued by: _____	
Date Certified: _____	Expiration Date: _____
Firearms Instructor Information <input type="checkbox"/> N/A	
Name: _____	
National Rifle Association Instructor's card (or equivalent): _____	
Date Certified: _____	Expiration Date: _____
Horseback Riding Instructor Information <input type="checkbox"/> N/A	
Name: _____	
License Number: _____	Expiration date: _____
Stable Location: _____	
Licensed in accordance with MGL c.111 §155, 158: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Camp Site Information	
Camp Structures	
Please provide the number of camp structures used for camp activities or assembly purposes: _____	
Please provide the number of sleeping areas at camp (if applicable): _____	
Confirm all sleeping and assembly areas have a current certificate issued by the building inspector: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date(s) of Certificate of Inspection(s): _____ _____
Please confirm the camp has a written statement of compliance from the local Fire Department: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Toilet, Handwash, and Shower Facilities	
Number of Toilets: _____	
Number of Handwash Sinks: _____	
Number of Showers: _____	
Please indicate the maximum number of campers expected to be at camp per session: _____	
Drinking Water and Plumbing Information	
Please identify the type of water supply at camp:	
<input type="checkbox"/> Public Water System <input type="checkbox"/> Private Water Supply	
<b>For a Private Water Supply:</b> If your camp serves less than 25 people, or operates less than 60 days per year, please provide the results of the water analysis. The water sample must be collected and analyzed no more than 45 days before camp opens.	
Is the camp connected to a municipal sewer or other off-site sewage disposal system or is it served by on-site sewage disposal system(s)?	
<input type="checkbox"/> Municipal/Off-Site <input type="checkbox"/> On-Site (if on-site, Date of most recent septic tank pumping and inspection: _____) <input type="checkbox"/> Other: _____	
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: _____

### Required Documentation:

Please consult 105 CMR 430.000 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 Climate and 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 and medication administration policy [105 CMR 430.159(B) and 105 CMR 430.160(E)]
- A discipline policy [105 CMR 430.191]
- Documentation demonstrating compliance with 105 CMR 432.000 Minimum requirements for personal flotation devices for minor children at municipal and recreational programs and camps (when applicable) [105 CMR 430.204(B)]
- 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)]
- A disease outbreak response plan [105 CMR 430.210(E)]
- A boating safety plan (when applicable) [105 CMR 430.103(B)(6)]
- 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]
- The lab analysis of a private water supply source (if applicable) [105 CMR 430.300]

### **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]**