

RECREATIONAL CAMP LICENSE APPLICATION

Camp Name and Location Information

Camp Name:

Location where camp operates:

City:	State: Massachusetts	ZIP Code:
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Phone:	Fax:
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Email:

Website/Social Media address:

Camp Owner/Organization Information

Owner/Organization Name:

In Season Mailing Address:

City:	State:	ZIP Code:
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Phone(year-round):	Fax:
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Email:

Off Season Mailing Address:

City:	State:	ZIP Code:
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Phone:	Fax:
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Camp Director/Operator Information (if different than owner)

Director/Operator Name:

In Season Mailing Address:

City:	State:	ZIP Code:
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Phone(year-round):	Fax:
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Email:

Off Season Mailing Address:

City:	State:	ZIP Code:
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Phone:	Fax:
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Camp Director Experience:

2+ seasons of previous experience working as part of the administrative staff of a recreational camp for children

Documentation of completed camping administration course

Camp Information

New Camp

License Renewal

Most recent license number: _____

Number of sessions per season: _____ Hours of operation: _____

Session Date(s): _____

Type of Camp:

Residential	Day	Sports	Other (specify): _____
Travel/Trip	Primitive	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	Pool Permit Number: _____	Off-Site Pools (if applicable): _____	
<input type="checkbox"/> No	Total Number of Pool(s): _____		
Bathing Beach(s): <input type="checkbox"/> Yes <input type="checkbox"/> Off-site	Names of lake or river located at camp (if applicable): _____		
<input type="checkbox"/> No	Off-Site beaches (if applicable) : _____		
Watercraft Activities (select all that apply): <input type="checkbox"/> Yes <input type="checkbox"/> Off-site	Off-Site Location (if applicable) : _____		
<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			
Scuba Diving: <input type="checkbox"/> Yes <input type="checkbox"/> Off-site	Off-Site Location (if applicable) : _____		
<input type="checkbox"/> No			
Archery/Firearms: <input type="checkbox"/> Yes <input type="checkbox"/> Off-site	Off-Site Location (if applicable) : _____		
<input type="checkbox"/> No			
Climbing Walls/Challenge Courses/Inflatable: <input type="checkbox"/> Yes <input type="checkbox"/> Off-site	License Number (if applicable): _____ Total Number of On-Site Elements: _____		
<input type="checkbox"/> No	Off-Site Location(s) (if applicable): _____		
Please provide information on food service at camp:			
Meals Provided: <input type="checkbox"/> Yes	Food Permit Number: _____		
<input type="checkbox"/> No	If no, please specify the method to provide meals if a camper arrives without a lunch: _____		
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: _____	American Red Cross CPR Certificate: _____		
Expiration date: _____	Expiration date: _____		
American First Aid Certificate: _____	Previous aquatics supervisory experience: _____		
Expiration date: _____	_____		

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:	Expiration Date(s) of Certificate of Inspection(s): _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
For a Private Water Supply: 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:

Comments or Additional Information

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]