**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:  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:  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:    From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A | | | | | | | | | | |
| Has the camp’s license ever been suspended or revoked:(check):    Suspended  Revoked  Neither | | | | Day or Residential Camp:  Day  Residential | | | | | | |
| Seasonal or Year-Round Camp:  Seasonal  Year-Round | | | | Seasonal camp only:  Opening Date for camp:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Closing Date for camp:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hours of Operation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Swimming Pool(s): Pool Permit Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes Off-site Off-Site Pools (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Total Number of Pool(s): ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Bathing Beach(s): Names of lake or river located at camp (if applicable):  Yes Off-site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Off-Site beaches (if applicable) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Meals Provided:  Food Permit Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No | | | | | | | | | | |
| Camp Capacity (per Session):  Campers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 (NOTE: Attach documentation Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nurse Practitioner of pediatric training if a PA)    fffff | | | | | | | | | | |
| Health Care Supervisor Information | | | | | | | | | | |
| Name: | | | | | | | | | | |
| MA License Number: | | | Age: | | | | | | | |
| Type of Medical License, Registration or Training 105 CMR 430.159(C):    Physician Physician Assistant Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please attach  Nurse Nurse Practitioner 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]**