**Recreational camp**

**License application**

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| 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:** |
|  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Please provide information on what specialized high risk activities are offered at camp:** |
| 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) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Watercraft Activities (select all that apply): Yes Off-site Off-Site Location (if applicable) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_therr  Paddlesports (Kayak/Canoe/SUP) Motor Powered Boat(s) Sailing Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No |
| Scuba Diving: Yes Off-site Off-Site Location (if applicable) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No |
| Archery/Firearms: Yes Off-site Off-Site Location (if applicable) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No |
| Climbing Walls/Challenge Courses/Inflatable: License Number (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes Off-site Total Number of On-Site Elements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No Off-Site Location(s) (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please provide information on food service at camp:** |
| Meals Provided:  Yes Food Permit Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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:  Physician Physician Assistant Nurse Practitioner |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nurse Nurse Practitioner 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Scuba Diving Instructor Information N/A |
| Name: |
| Certificate issued by: |
| Date Certified:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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 |

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| **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: Yes No | Expiration Date(s) of Certificate of Inspection(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please confirm the camp has a written statement of compliance from the local Fire Department: Yes 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: Public Water System  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)? Municipal/Off-Site On-Site (if on-site, Date of most recent septic tank pumping and inspection:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 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: |

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| 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]**