

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): _____ N/A			
Has the camp's license ever been suspended or revoked:(check):		Day or Residential Camp:	
<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Neither		<input type="checkbox"/> Day <input type="checkbox"/> Residential	
Seasonal or Year-Round Camp:		Seasonal camp only:	
<input type="checkbox"/> Seasonal <input type="checkbox"/> Year-Round		Opening Date for camp: _____	
		Closing Date for camp: _____	
		Hours of Operation: _____	
Swimming Pool(s):		Pool Permit Number: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> Off-site <input type="checkbox"/> No		Off-Site Pools (if applicable): _____	
		Total Number of Pool(s): _____	
Bathing Beach(s):		Names of lake or river located at camp (if applicable): _____	
<input type="checkbox"/> Yes <input type="checkbox"/> Off-site <input type="checkbox"/> No		Off-Site beaches (if applicable) : _____	
Meals Provided:		Food Permit Number: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> 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:		
<input type="checkbox"/> Physician	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner	(NOTE: Attach documentation of pediatric training if a PA) <input type="checkbox"/> Other: _____
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"/> Nurse	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Other: _____ 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: _____ _____ _____	
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"/> <input type="checkbox"/>		
Drinking Water and Plumbing Information		
Is the camp a Public Water System (PWS) or connected to a town water supply?		
<input type="checkbox"/> PWS <input type="checkbox"/> Town water supply <input type="checkbox"/> 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)?		
<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: _____		
Renewal or Previously Submitted Information		

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

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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]