



INSPECTIONAL SERVICES DEPARTMENT
RECREATIONAL CAMP LICENSE APPLICATION

DATE _____ PERMIT # _____
NAME OF CAMP _____ PHONE # _____
CAMP IN- SEASON ADDRESS _____
CITY/TOWN _____ ZIP _____
CAMP OWNER _____
FOR COMMUNITY CENTER (D/B/A) _____
MAILING OFF-SEASON ADDRESS _____
CITY/TOWN _____ ZIP _____
WINTER PHONE # _____
EMAIL(will be used to send inspections) _____
CAMP DIRECTOR _____

*****All Camp Operators are required to submit an updated policy and procedure manual. New Camp Directors and designated camps must schedule a preliminary approval review in the Health Division prior to operating. All camp staff must meet minimum requirements and provide documentation of training / experience in order to operate.**

TYPE OF CAMP: Residential (Operates 24+ hours) _____ Day (Operates less than 24 hours) _____
Sports _____ Travel/Trip _____

If you have a **medical camp** or any **special needs camps** please note the specific needs:

Do you anticipate any overnights? Yes _____ No _____ Where? _____

Length of camp season: _____ to _____ Hours: _____ A.M. _____ P.M.
(start) (finish)

Number of sessions per season: _____ Session dates: _____

Campers Per Season: _____ No. of Staff Persons Per Season: _____



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(Max # of Campers)

(Supervising Campers)

No. of volunteers Per Season: _____

Building Capacity: _____

Certificate of Inspection/Bldg. Division: Certificate No. _____ Expires _____

Date Recreational Camp Fire Dept. Inspection Completed _____ (BFD inspection information on-line)

What type of fire alarm, detector, or fire fighting equipment is present?

Has the camp owner or director obtained and reviewed the CORI /Juvenile report and SORI of every staff person and volunteer and determined a background free from disqualification? Seasonal staff must be reviewed each season.

Yes ____ No ____

Staff persons / volunteers cannot operate the camp until sufficient background checks are completed and cleared from disqualification. (*CORI / Juvenile and SORI reporting, work history, references - as required for all staff / volunteers)

The Camp Director and staff meet eligibility criteria, have required training and have reviewed and understand the 105 CMR 430.000 Minimum Standards for Recreational Camps prior to camp operating

Yes ____ No ____ If pending provide date _____

FOOD SERVICE:

Is food handled, served or prepared? Yes ____ No ____ Food Service Permit # _____ (provide copy)

To what extent?

Snacks ____ Cooked and served by staff ____ Catered ____ If so, by whom? _____

Is refrigeration available for perishable foods? Yes ____ No ____

SWIMMING AREA:

Do you have or use recreational water facilities (beach, pool, lake, pond, water fountain or water park)?

Check all that apply.

Freshwater _____ Ocean _____ Pool / Aquatics facilities _____ Other (explain) _____

None _____

If yes, locations of all waterfront beaches, water parks



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If yes, location of pool / aquatics facility

Who is the **Aquatics Director** responsible for the supervision of the pool or swimming area(s)?

Qualifications of Aquatics Director:

Water Safety instructor or equivalent Yes _____ No _____
CPR Training Yes _____ No _____
First Aid Training Yes _____ No _____

Name(s) of other on-site lifeguards and credentials: _____

If the swimming site(s) is not at the permanent camp, has the site(s) been inspected by regulatory agents and approved by the aquatics director and camp operator? Yes _____ No _____

Does the camp participate in any watercraft/boating activities? Yes _____ No _____

Location _____

MUST Include the camp itinerary and list specialized activities / travel plans below and provide to parents:

WATER SUPPLY: Public _____ Location of Offsite /Private Wells _____
If private, date sampled _____ By whom? _____
Results _____

SHELTERS- DAY / RESIDENTIAL CAMPS: Meet(s) current building and housing requirements _____ Yes

TOILET/SHOWER ROOMS: Number of toilets for males _____ for females _____
Hand Wash basins for males _____ for females _____
Showers for males _____ for females _____

SEWAGE DISPOSAL: Public _____ Private _____ (please specify) _____



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MEDICAL CARE: Who is responsible at the camp for medical care or first aid?

Name of Health Care Supervisor(s) available at each camp location:

Name of Physician (qualifying Health Care Consultant) "on call" who trains staff:

License # _____

Address _____

Phone No. _____

Name and address of **hospital** used for emergency services: _____

Does the camp have or contract with any transportation vehicles? Yes ____ No ____

Have you verified that the driver is properly licensed and meets required qualifications? Yes ____ No ____

Schedule a preliminary review and provide a copy of required, annually updated policies and procedures for that appointment .

The annual \$50 Recreational Camp fee is (check one) _____ Enclosed _____ Already Paid _____ N/A

Signed: _____ (**Not Valid** without owner/operator signature)

Incomplete and unsigned applications may not be eligible for issuance of a permit to operate.

Date: _____