

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): <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Neither		Day or Residential Camp: <input type="checkbox"/> Day <input type="checkbox"/> Residential	
Seasonal or Year-Round Camp: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year-Round		Seasonal camp only: Opening Date for camp: _____ Closing Date for camp: _____ Hours of Operation: _____	
Swimming Pool(s): <input type="checkbox"/> Yes <input type="checkbox"/> Off-site <input type="checkbox"/> No		Pool Permit Number: _____ Off-Site Pools (if applicable): _____ Total Number of Pool(s): _____	
Bathing Beach(s): <input type="checkbox"/> Yes <input type="checkbox"/> Off-site <input type="checkbox"/> No		Names of lake or river located at camp (if applicable): _____ Off-Site beaches (if applicable) : _____	
Meals Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Food Permit Number: _____			

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 (NOTE: Attach documentation of pediatric training if a PA) Other <input type="checkbox"/> _____ <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 Other <input type="checkbox"/> _____ Please attach documentation of current First Aid / CPR Training <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse Practitioner	
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"/> Yes <input type="checkbox"/> No	
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:

☐

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]

Recreational Camp Permit, 2024

Fee is \$340.00

FOR THE EAST BROOKFIELD BOARD OF HEALTH USE ONLY:

Approved By: _____ Title: _____

Date of Approval: _____

PERMIT #: _____

Permit Expiration Date: _____