

**TOWN OF WESTWOOD
APPLICATION FOR A LICENSE TO CONDUCT A
RECREATIONAL CAMP FOR CHILDREN**

Please complete with a black or blue pen:

Camp Name _____

Site Address: _____

Telephone @ camp site: _____

Name of Camp Owner: _____

Office Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Name of Camp Operator (if different): _____

Address: _____

Telephone Number: _____

Email Address: _____

Name of Health Care Consultant: _____

Address: _____

Telephone Number: _____

Email Address: _____

Number of Campers per Session: _____ Number of Staff per Session: _____

Number of Camp Sessions: _____

Hours of Operation: _____

Dates of Operation: Opening Day: _____ Closing Day: _____

Swimming Pool: Yes _____ No _____

Bathing Beach: Yes _____ No _____

Turn over this page for a list of documents that must be completed and submitted before your application for a license can be fully processed. You must complete these documents and submit them not later than **two weeks** prior to the first day of camp.

REQUIRED DOCUMENTS:

See the MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV – 105 CMR 430.000 and the guidance documents issued by the Department of Public Health, Division of Community Sanitation for additional assistance with developing the following documents.

- Staff information forms (see attached)
- Procedures for the background review of staff (105 CMR 430.090)
- Copy of promotional literature (105 CMR 430.190 (C))
- Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)
- Health care policy (105 CMR 430.159 (B))
- Discipline policy (105 CMR 430.191)
- Fire evacuation plan – approved by local fire department (105 CMR 430.210 (A))
- Disaster plan (105 CMR 430.210 (B))
- Lost camper plan (105 CMR 430.210 (C))
- Lost swimmer plan (105 CMR 430.210 (C))
- Traffic control plan (105 CMR 430.210 (D))
- Day Camps - contingency plan (105 MCR 430.211)
- Primitive, Trip or Travel Camps – Written itinerary including sources of emergency care and contingency plans (105 CMR 430.212)
- Current certificate of occupancy from local building inspector (105 CMR 430.451)
- Written statement of compliance from the local fire department (105 CMR 430.215)
- Lab analysis for private water source (105 CMR 430.300)

Camp Director

Name: _____

Age: _____ Cell Phone Number: _____

Email Address: _____

Coursework in camping administration: _____

Previous Camp administration experience: _____

Person in Charge when Camp Director is not at camp: _____

Age: _____ Cell Phone Number: _____

Qualifications of this person: _____

Health Care Consultant

Name: _____

Type of Medical License (physician, nurse practitioner, or physician assistant with pediatric training): _____

MA License Number: _____

Health Supervisor

Name: _____

Age: _____

Type of Medical License, Registration or Training

(See 105 CMR 430.159 (C): _____

Aquatics Director

Name: _____

Age: _____

Lifeguard Certificate issued by: _____ Expiration date: _____

CPR/AED Certificate: _____ Expiration date: _____

over

Standard First Aid Certificate: _____ Expiration date: _____

Previous aquatics supervisory experience: _____

I certify that the camp director of _____

(Name of Camp)

has read 105 CMR 430.000, Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV, and agrees to operate the camp in compliance with all sections of the code.

I certify that all information furnished on the enclosed pages are, to the best of my knowledge, correct.

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

Signature

Title

Organization or Corporation

Social Security or Federal ID Number

Date

**Camp Fee: \$100.00 – Please make checks payable to the
Town of Westwood, permit fees are non-refundable.**

Please submit all required paperwork (worker's compensation affidavit & declaration page of the policy, camp policy documents.)

Mail to:
Westwood Health Department
50 Carby St.
Westwood, MA 02090