

**Environmental Health & Safety
117 Draper Hall
University of Massachusetts Amherst
40 Campus Center Way
Amherst, MA 01003-9244
Voice: (413) 545-2682; Fax: (413) 545-2600**

APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

*License fee is \$275; \$25 for each additional license.
Make check payable to: University of Massachusetts*

Name of Camp: _____

Site Address: _____

Name of Camp Owner: _____

Office Address _____

Telephone Number: _____

Name of Camp Operator (if different): _____

Address: _____

Telephone Number: _____

Name of Health Care Consultant: _____

Address: _____

Telephone Number: _____

Type of Camp: Day _____ Residential _____

Hours of Operation: _____

Dates of Operation: Opening: _____ Closing: _____

Swimming Pool: Yes _____ Pool Permit Number _____ No _____

Bathing Beach: Yes _____ No _____

Meals Provided: Yes _____ Food Permit Number _____ No _____

Signature of Applicant:

Official Title: _____ Date: _____

See Page 3 for a list of documents that must be completed and submitted before your application for a license can be fully processed. To expedite the licensing process, you are strongly encouraged to complete these documents as soon as possible and submit them in advance.

CAMP DIRECTOR

Name: _____

Age: _____

Coursework in camping administration: _____

HEALTH CARE CONSULTANT

Name: _____

Type of Medical License (must be a physician, nurse practitioner, or physician’s assistant with pediatric training): _____

MA License Number: _____

HEALTH SUPERVISOR

Name: _____

Age: _____

Type of Medical License, Registration or Training (See CMR 430.159(C): _____

AQUATICS DIRECTOR

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: _____

HORSEBACK RIDING INSTRUCTOR

Name: _____ License Number: _____

Expiration date: _____

STABLE

Location: _____

Licensed in accordance with MGL Ch.111 § 155, 158: Yes _____ No _____

Attach the names, ages, applicable current certifications (if any) such as First Aid and the anticipated role at the camp of all supervisory staff. Use as many pages as necessary to complete this.

Supervisory staff means those persons with the responsibility, authority and training to provide direct supervision to camper groups. This may include counselors, junior counselors, general activity leaders or other staff who provide supervision to campers without assistance.

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 CMR 430.211)
- Primitive, Trip or Travel Camps – Written itinerary, including sources of emergency care, and contingency plans (105 CMR 430.212)

***DPH Reference:**

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/comm-sanitation/camps-recreational.html>

****EH & S website contains sample documents for the above polices**

<http://www.ehs.umass.edu/documents>

Revised: 3/2016