



Hardwick Board of Health
PO Box 575, Gilbertville MA 01031
Telephone (413) 477-6197 x108
Fax (413) 477-6703
Email: boh@townofhardwick.com

**APPLICATION FOR A PERMIT TO CONDUCT A
SPORTS CAMP FOR CHILDREN**

(Application must be submitted at least 30 days before the planned opening date)

PERMIT FEE (SEE ATTACHED FEE SCHEDULE) \$50.00_ (include with application) Permit # _____

(ISSUED BY THE BOARD OF HEALTH)

Proof of Worker's Compensation Insurance and Certificate of Liability Insurance MUST be provided before a Permit can be issued. If no coverage is required, a sworn affidavit must be submitted.

1. **NAME OF CAMP** _____
ADDRESS _____

TELEPHONE NUMBER _____
MAILING ADDRESS (IF DIFFERENT) _____

2. **OWNER NAME** _____
ADDRESS _____

TELEPHONE NUMBER _____

3. **APPLICANT NAME & TITLE** _____
ADDRESS _____

TELEPHONE NUMBER _____
24-HOUR EMERGENCY TELEPHONE NUMBER _____

4. **CAMP OWNED BY A/AN:** **ASSOCIATION** **CORPORATION** **INDIVIDUAL**
 PARTNERSHIP **OTHER LEGAL ENTITY** _____

5. **IF A CORPORATION OR PARTNERSHIP, LIST NAME, TITLE AND HOME ADDRESS OF OFFICERS OR PARTNER(S):**

NAME	TITLE	HOME ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. PERSON DIRECTLY RESPONSIBLE FOR DAILY OPERATIONS (OWNER, PERSON IN CHARGE, SUPERVISOR, MANAGER, ETC.):

NAME & TITLE _____
ADDRESS _____
TELEPHONE NUMBER _____
24-HOUR EMERGENCY TEL.# _____ FAX No. _____

7. DISTRICT OR REGIONAL SUPERVISOR (IF APPLICABLE):

NAME & TITLE _____
ADDRESS _____
TELEPHONE NUMBER _____
24-HOUR EMERGENCY TEL.# _____ FAX No. _____

8. TYPE OF CAMP: DAY _____ RESIDENTIAL _____

9. HOURS OF OPERATION _____

10. SWIMMING POOL: YES _____ NO _____ POOL PERMIT No. _____

11. BATHING BEACH: YES _____ NO _____

12. MEALS PROVIDED: YES _____ NO _____ FOOD PERMIT No. _____

NAME OF PROVIDER: _____

ADDRESS: _____

TELEPHONE No. _____

13. NAME OF HEALTH CARE CONSULTANT: _____

ADDRESS: _____

TELEPHONE No. _____

14. WATER SOURCE: _____ DEP PUBLIC WATER SUPPLY No. (IF APPLICABLE) _____

15. SEWAGE DISPOSAL: _____

Permits expire on DECEMBER 31st each calendar year.

I hereby declare that the above statements made on this application for a permit for a recreational camp are complete and true and that non-compliance with the above may result in the revocation of my license.

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

Social Security # or Tax ID #
Date

Applicant Signature

BOH USE:

DATE OF INSPECTION: _____

BY: _____

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)
- 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)
- If applying for initial license after January 1, 2000 – lab analysis of private water supply (if applicable) (105 CMR 430.300, .303)

Please note: If you are applying for an original camp license, that is, the original camp license in each community where the camp is located, you must file a plan showing the following with the board of health at least 90 days before your desired opening date (See MGL Ch. 140 s. 32A):

- Buildings, structures, fixtures and facilities
- Proposed source of water supply
- Works for disposal or sewage and waste water

Camp Director

Name:

Age:

Coursework in camping administration:

Previous camp administration experience:

Health Care Consultant

Name:

Type of Medical License (must be a 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:

American Red Cross CPR Certificate:

Expiration date:

American First Aid Certificate:

Expiration date:

Previous aquatics supervisory experience:

Firearms Instructor

Name:

National Rifle Association Instructor's card (or equivalent):

Date certified: Expiration date:

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 (see below). 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.