



Board of Health

Town of Royalston

5 School Street PO Box 54 . Royalston MA. 01368

Tel (978)249-3617

Email: boh@royalston-ma.gov

FEE: \$ 100

APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

Name of Camp: _____

Site Address: _____

Site Telephone: _____

Site Email: _____

Name of Camp Owner: _____

Office Address: _____

Telephone Number: _____

Site Email: _____

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 _____ Beach Permit Number _____ No _____

Meals Provided: Yes _____ Food Permit Number _____ No _____

Signature of Applicant: _____

Official Title: _____ Date: _____

THIS DOCUMENT IS MEANT TO BE USED AS A GUIDE AND SHOULD NOT BE USED AS A SUBSTITUTE FOR INSPECTION. ALL CAMPS SHALL HAVE A COPY OF THE MA DPH CODE: 105 CMR 430.000

Check List for Recreation Camps for Children Application (105 CMR 430)

Name of Camp: _____

- ☐ Application & Fee Received in Health Department Office
- ☐ Occupancy Permit (if Applicable) (.451)
- ☐ Water Quality Report (if Applicable) (.303)
- ☐ Policies & Procedures on Background Review Of Staff & Volunteers (.090)
- ☐ Orientation Plan For Staff & volunteers (Roles & Responsibilities) (.091)
- ☐ Policy on Reporting Of Suspected Child Abuse (.093)
- ☐ Discipline Policy ("Time-Out") or Similar, Must List Prohibitions) (.191)
- ☐ Fire Evacuation Plan (Drill W/In First 24 Hours) (.210) (A)
- ☐ Disaster Plan (Transportation Resources, Emergency Shelter, Etc.) (.210) (B)
- ☐ Lost Camper Plan (Explain Procedure, Include Calling 911) (.210) (C)
- ☐ Lost Swimmer Plan (Lifeguard Procedure for Shallow/Deep Areas) (.210) (C)
- ☐ Traffic Control Plan (Methods for Reducing Hazardous, Drop Off/Up) (.210) (D)
- ☐ Contingency Plans (No-Show Camper, "Last Minute" Camper) (.211)
- ☐ Camper Release Policy (Written Designee to Pick Up) (0190) (B)
- ☐ Promotional Literature (0190)
- ☐ CORI/SORI Reviewed For All Staff & Volunteers
- ☐ Medical Forms & Immunizations for Campers/Staff
- ☐ First Aid Kit
- ☐ Health Policies/Consultant/Supervisor

- ☐ Site Inspection
- ☐ Full Compliance with All Parts of 105 CMR 430 as applicable
- ☐ Water Source (Well Test Results)
- ☐ Sewerage Disposal (Title V Inspection/Town Sewer)
- ☐ Health Care Consultant Agreement

Procedure on Compliance with Christian's Law (if applicable)

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.

Note: Applications are subject to a 45 day review.

To obtain a copy of 105 CMR 430 and other documents related to Recreational Camps for Children you may go to:

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

All checks must be made payable to the Town of Royalston