



GREENFIELD BOARD OF HEALTH

Town Hall • 14 Court Square • Greenfield, MA 01301
Phone 413-772-1404 • Fax 413-772-2238

Fee paid: _____
Permit# _____

Recreational Camp for Children Application **Non-refundable fee \$175.00**

CAMP INFORMATION

Name of Camp: _____
Address of Camp: _____
Camp Phone Number: _____

GENERAL INFORMATION

Camp Owner: _____
Address of Owner: _____
Phone Number: _____
Camp Director: _____
Address: _____
Phone Number: _____
Health Care Consultant: _____
Address: _____
Phone Number: _____
Type of Medical License: _____
MA License #: _____

CAMP INFORMATION

Type of Camp: Day _____ Residential _____
Hours of Operation: _____
Dates of Operation: Opening _____ Closing _____
Swimming Pool: Y N
Bathing Beach: Y N
Meals Provided: Y From where: _____ N

Name of Applicant: _____ Official Title: _____

Signature of Applicant: _____ Date: _____



The following items are required to be submitted with Camp Application:

- Self-Certification Form
- Procedures for the background review of staff
- Staff information forms (attached)
- Copy of camp's promotional literature
- Camp's plan for staff orientation
- Procedures for reporting of any suspected incidents of child abuse and neglect
- Health Care Policy
- Discipline Policy
- Fire Evacuation Plan - approved from local Fire Department
- Disaster Plan
- Lost Camper Plan
- Lost Swimmer Plan
- Traffic Control Plan
- Day Camps – Contingency Plan
- Primitive, Trip or Travel Camps – Written itinerary, including sources of emergency care and contingency plans
- Copy of current certificate of occupancy issued by the local Building Inspector
- Written statement of compliance from local Fire Department

For the Aquatics Director please submit the following:

- Lifeguard Certificate
- First Aid and CPR Certificates

I, _____, do hereby acknowledge that I am in possession of a copy of 105 CMR 430.000: Minimum Sanitation and Safety Standards for Recreational Camps For Children, and that I will comply with the standards stated therein.

Signature _____ Date _____

INCOMPLETE APPLICATIONS WILL BE RETURNED BEFORE A PERMIT WILL BE ISSUED.

Return application and check payable to the Town of Greenfield to:

*Town of Greenfield
Health Department
14 Court Square
Greenfield, MA 01301*

Staff Information Form

Camp Director: _____

Age: _____

Course work in camp administration:

Previous camp administration experience:

Health Supervisor: _____

Age: _____

Type of Medical Training: (See 105 CMR 430.159(C):

Aquatics Director: _____

Age: _____

Lifeguard Certificate issued by: _____

Expiration Date: _____

American Red Cross CPR Certificate: _____

Expiration Date: _____

American Red Cross First Aid: _____

Expiration Date: _____

Previous Aquatics supervisory experience:

Firearms Instructor: _____

National Rifle Association Instructors card (or equivalent): _____

Date certified: _____ Expiration Date: _____

Horseback Riding Instructor: _____

License Number: _____ Expiration Date: _____

Stable Location: _____

Licensed in accordance with MGL Ch.111 155, 158: Y N

Attach the names, ages, applicable current certifications (if any), such as First Aid, and the anticipated role at the camp for 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 and other staff who provide supervision to campers without assistance.