Date Received _____ Amount Paid $_____ Check # _____ Permit # _____

FOR BOH OFFICE USE ONLYTCC: Initial _____ Date _____

TOWN OF SOUTHWICK BOARD OF HEALTH

RECREATIONAL CAMP APPLICATION 2024

Southwick Board of Health
454 College Highway
Southwick, MA 01077
(413) 569-1212

Camp Name and Location Information

Camp Name:		
Location where camp operates:		
City:	*State:*	*ZIP Code:*
Phone:	*Fax:*	
Email:		
Website/Social Media address:		

Camp Owner/Organization Information

Owner/Organization Name:		
Primary Mailing address:		
City:	*State:*	*ZIP Code:*
Phone (year-round):	*Fax:*	
Email:		

Camp Director/Operator Information (if different than owner)

Director/Operator Name:		
Primary Mailing address:		
City:	*State:*	*ZIP Code:*
Phone (year-round):	*Fax:*	
Email:		

Camp Operating Information

If the camp previously operated in Massachusetts provide: year(s) the camp operated and the name(s) the camp operated under:
From:_____ To:_____ Name(s):_____

Has the camp's license ever been suspended or revoked:(check):

- ☐ *Suspended*
- ☐ *Revoked*
- ☐ *Neither*

Day or Residential Camp:

- ☐ *Day*
- ☐ *Residential*

Seasonal or Year-Round Camp:

- ☐ *Seasonal*
- ☐ *Year-Round*

Seasonal camp only:
Opening Date for camp:_____

Closing Date for camp:_____

Hours of Operation:_____

Swimming Pool(s):
☐ *Yes* ☐ *Off-site*
☐ *No*

Pool Permit Number:_____
Off-Site Pools (if applicable):_____

Total Number of Pool(s): _____

Bathing Beach(s):
☐ *Yes* ☐ *Off-site*
☐ *No*

Names of lake or river located at camp (if applicable):
_____

Off-Site beaches (if applicable) :_____

Meals Provided:
☐ *Yes* ☐ *No*

Food Permit Number:_____

Camp Capacity (per Session):
Campers:_____ Staff:_____
Total Number for the Year:_____

Health Care Consultant Information

Name:

MA License Number: | *Phone (to reach during camp operations):*

Type of Medical License:

☐ *Physician* ☐ *Physician Assistant* ☐ *Nurse Practitioner* (*NOTE: Attach documentation of pediatric training if a PA)* ☐ *Other:_____*

Health Care Supervisor Information

Name:

MA License Number: | *Age:*

Type of Medical License, Registration or Training 105 CMR 430.159(C):

☐ *Physician* ☐ *Nurse* ☐ *Physician Assistant* ☐ *Nurse Practitioner* ☐ *Other:_____ Please attach documentation of current First Aid / CPR Training*

Aquatics Director Information ☐ N/A

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 Information ☐ N/A

Name:

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

*Date Certified:*_____ *Expiration date:*

Horseback Riding Instructor Information ☐ N/A

Name:

License Number: | *Expiration date:*

Stable Location:
_____
_____

Licensed in accordance with MGL c.111 §155, 158: ☐ ☐

Drinking Water and Plumbing Information

Is the camp a Public Water System (PWS) or connected to a town water supply?

☐ *PWS*
☐ *Town water supply*
☐ *Other:*_____

Is the camp connected to a municipal sewer or other community, off-site sewage disposal system or is it served by on-site sewage disposal system(s)?

☐ *Municipal/Off-Site*
☐ *On-Site (if on-site, Date of most recent septic tank pumping and inspection:*_____*)*
☐ *Other:*_____

Renewal or Previously Submitted Information

*If **ALL** of the above information was previously submitted **and** has not changed, please note:*

☐ *INFORMATION ON FILE from previous years*

Certification and Signature

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with the regulations set forth in 105 CMR 430.000 of the State Sanitary Code. I agree to allow the Board of Health or its agent's access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

Signature of Owner/Officer:	*Title:*	
Name (Please Print):		*Date:*

APPLICATION FEE: $ 50

CHECK OR MONEY ORDER **MAKE PAYABLE TO: Town of Southwick** **NO REFUNDS**

Required Documentation:

Please consult *105 CMR 430.000, Massachusetts Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV* and all guidance documents, prior to filling out the application. Additionally, contact the Department of Public Health, Bureau of Environmental Health, and Community Sanitation Program for any questions regarding the following documents:

- Staff information forms (e.g. - applications, contact information, health records, certifications, etc.)
- Procedures for the background review of staff and volunteers [105 CMR 430.090]
- A copy of promotional literature [105 CMR 430.190(C)]
- Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]
- A camp health care policy [105 CMR 430.159(B)]
- A discipline policy [105 CMR 430.191]
- A fire evacuation plan – approved by the local fire department [105 CMR 430.210(A)]
- A written statement of compliance from the local fire department [105 CMR 430.215]
- A Disaster/Emergency plan [105 CMR 430.210(B)]
- A lost camper plan [105 CMR 430.210(C)]
- A lost swimmer plan (when applicable) [105 CMR 430.210(C)]
- A traffic control plan [105 CMR 430.210(D)]
- For Day Camps – contingency plans [105 CMR 430.211]
- For Field Trips – A written itinerary, including sources of emergency care, access to health records/medication/first aid kits and contingency plans to be provided to the parents/guardians prior to departure [105 CMR 430.212]
- A current certificate of inspection from the local building inspector [105 CMR 430.451]
- If applying for an initial license after January 1, 2000 – the lab analysis of a private well water supply source (if applicable) [105 CMR 430.300,.303]

Please note:

When seeking a recreational camp license for each community where the camp is located, an applicant shall file an application with the Board of Health at least 90 days prior to the desired opening date, using a form provided by the Department or available from the Board of Health documenting all required information, including, but not limited to, a plan showing the buildings, structures, fixtures and facilities, as needed. [105 CMR 430.631]