

> Phone: 413- 583-5600 ext. 1271 Fax: 413-583-5689 TTY: 413-583-5668 E-mail: <u>health@ludlow.ma.us</u>

RECREATIONAL CAMP

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:						
send license to this email address						
Camp Director/Operator Inform	nation (if differen	t than owner)				
Director/Operator Name:						
Primary Mailing address:						
City:	State:		ZIP Code:			
Phone(year-round):		Fax:				
Email:						
and license to this small address						
send license to this email address						
Camp Operating Information If the camp previously operated in Massachusetts provide: year(s) the camp operated and the name(s) the camp operated under:						
		camp operated and the	name(s) the camp operated under.			
From: To: Name(s):						
N/A						
Has the camp's license ever been suspende revoked:(check):	d or [Day or Residential Camp	:			
		Day				
Suspended		Residential				
Revoked Neither						
Seasonal or Year-Round Camp:		Seasonal camp only:				
	(Opening Date for camp:_				
Seasonal	0	Closing Date for camp:				
Year-Round		Hours of Operation:				



Phone: 413- 583-5600 ext. 1271 Fax: 413-583-5689 TTY: 413-583-5668 E-mail: <u>health@ludlow.ma.us</u>

Swimming Pool(s):	Pool Permit Number:					
Yes Off-site	Off-Site Pools (if applicable):					
No	Total Number of Pool	(s):				
Bathing Beach(s):	Total Number of Pool(s): Bathing Beach(s): Names of lake or river located at camp (if applicable):					
Yes Off-site		·····				
	Off Cite beeches (if applied	ship) -				
Meals Provided:	On-Site beaches (il applica	able) :				
	Food Permit Number	·				
Yes No						
Camp Capacity (per Session):		T				
Campers: Staff: Year:		Total Number for the				
Health Care Consultant Info	rmation					
Name:						
MA License Number:	Phone (to re	each during camp operations):				
Type of Medical License:						
	·	ch documentation Other: raining if a PA)				
Health Care Supervisor Info						
Name:	rmation					
MA License Number:	Age:					
Type of Medical License, Registration or	0	C):				
	ian Assistant	Other:	Please attach			
	Practitioner	documentation of current First Aid /	CPR Training			
Aquatics Director Information	on N/A					
Name:			Age:			
Lifeguard Certificate issued by:		American Red Cross CPR Certificate:				
Expiration date:		Expiration date:				
American First Aid Certificate:		Previous aquatics supervisory experience:				
			· · · · · · · · · · · · · · · · · · ·			
Expiration date:	<u> </u>					
Firearms Instructor Informa	tion N/A					
Name: National Rifle Association Instructor's car	d (or oquivalant):					
Date Certified:		piration date:				
Horseback Riding Instructor	r Information	N/A				
Name:						



Phone: 413- 583-5600 ext. 1271 Fax: 413-583-5689 TTY: 413-583-5668 E-mail: <u>health@ludlow.ma.us</u>

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	t changed, please note:					
INFORMATION ON FILE from previous years						
Certification and Signature						
I authorize the verification of the information provided in and with the application is true, complete, and not misleading to the knowledge and belief of the signer. I understand that any license granted based on false, incomplete, or misleading information shall be subject to						
suspension or revocation.						
Signature	Title:					
of applicant:						
Name	Date:					
(Please Print):						

Comments or Additional Information



> Phone: 413- 583-5600 ext. 1271 Fax: 413-583-5689 TTY: 413-583-5668 E-mail: <u>health@ludlow.ma.us</u>

Required Documentation:

Please consult 105 CMR 430.000, MA 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, 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 <u>least 90 days prior to the desired opening date</u>, 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]