



RECREATIONAL CAMP Permit Application

Permit Fee: \$100—

Application Submission Date:

Name of Camp:

Camp Business / Mailing Address:

Camp Business Phone:

Camp 24 HR Emergency #:

Name of Camp Owner:

Camp Owner Phone:

Camp Owner E-mail:

Name of Camp Operator
(if different than owner):

Camp Operator Phone:

Camp Operator Address:

Camp Operator E-mail:

Name of Camp Director and Age:

Camp Director Phone:

Camp Director 24HR Emergency #:

Camp Director Address:

Camp Director E-mail:

List the Camp Directors Coursework in Camp Administration and Previous Camp Administration Experience:



RECREATIONAL CAMP Permit Application (con't)

Assistant Camp Director Name and Age:

Assistant Camp Director Address:

Assistant Camp Director Phone:

Asst. Director 24HR Emergency #:

Assistant Camp Director Email:

List the Assistant Camp Directors Coursework in Camp Administration and Previous Camp Administration Experience:

Camp Information:

Site Address of Camp(s):

Type of Camp (*check all that apply*)

Day

Residential

Sport

Camp Session Date(s):

Camp START
Date(s):

Camp END
Date(s):

Morning
Session Times:

Afternoon
Session Times:

Age Range
of Campers:

Method of
Transportation:

of Campers:

of Camp
Counselors:

of Volunteers:

of Jr. Camp
Counselors:



RECREATIONAL CAMP Permit Application (con't)

Health Care Consultant (HCC) Name:	
Address of Health Care Consultant Office:	
Health Care Consultant Office Phone:	HCC 24HR Emergency #:
Type of Medical License: <i>(must be a physician, nurse practitioner, or physician assistant with pediatric training)</i>	MA License #:
Health Supervisor Name:	Age:
Address of Health Supervisor:	
Health Supervisor Office Phone:	Supervisor 24HR Emergency #:
Type of Medical License, Registration or Training:	
Aquatics Director Name:	Age:
Lifeguard Certificate Issued By:	Expiration Date:
Previous Aquatics Supervisor Experience:	
<input type="checkbox"/> Attach Copy of American Red Cross CPR Certificate	Expiration Date:
<input type="checkbox"/> Attach Copy of American First Aid Certificate	Expiration Date:

I understand that by signing this I am attesting to the accuracy of the information provided in this application and I affirm that the camp operation will comply with ¹⁰⁵CMR 430.000 and all other applicable law.

Signature of Applicant

Date

Official Title