



**SPRINGFIELD DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 ENVIRONMENTAL HEALTH DIVISION 1145 MAIN STREET, SUITE 208  
 SPRINGFIELD, MA. 01103 PHONE: (413)-787-6740 FAX: (413)-787-6458**

## RECREATIONAL CAMP LICENSE APPLICATION

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: _____			
<input type="checkbox"/> send license to this email address			
Camp Director/Operator Information (if different than owner)			
Director/Operator Name: _____			
Primary Mailing address: _____			
City: _____	State: _____	ZIP Code: _____	
Phone(year-round): _____	Fax: _____		
Email: _____			
<input type="checkbox"/> 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:			
<input type="checkbox"/> From: _____ To: _____ Name(s): _____			
N/A			
Has the camp's license ever been suspended or revoked:(check):	Day or Residential Camp:		
<input type="checkbox"/> Suspended	<input type="checkbox"/> Day		
<input type="checkbox"/> Revoked	<input type="checkbox"/> Residential		
<input type="checkbox"/> Neither			
Seasonal or Year-Round Camp:	Seasonal camp only:		
<input type="checkbox"/> Seasonal	Opening Date for camp: _____		
<input type="checkbox"/> Year-Round	Closing Date for camp: _____		
	Hours of Operation: _____		
Swimming Pool(s):	Pool Permit Number: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> Off-site	Off-Site Pools (if applicable): _____		
<input type="checkbox"/> No	Total Number of Pool(s): _____		
Bathing Beach(s):	Names of lake or river located at camp (if applicable): _____		
<input type="checkbox"/> Yes <input type="checkbox"/> Off-site	_____		
<input type="checkbox"/> No	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  Other: \_\_\_\_\_  
 Nurse Practitioner (NOTE: Attach documentation of pediatric training if a PA)

**Health Care Supervisor Information**

Name: \_\_\_\_\_

MA License Number: \_\_\_\_\_ Age: \_\_\_\_\_

Type of Medical License, Registration or Training 105 CMR 430.159(C):  
 Physician  Physician Assistant  Other: \_\_\_\_\_ Please attach  
 Nurse  Nurse Practitioner documentation of current First Aid / CPR Training

**Aquatics Director Information**  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: \_\_\_\_\_

**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:  
 Yes  No

**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 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 of applicant:	Title:
Name (Please Print):	Date:

### Comments or Additional Information

## 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 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]

**\*\*\*please send the fully completed application form and a check or money order for \$75 payable to the City of Springfield and send to:**

**Springfield Health & Human Services Dept.  
1145 Main St. Suite 208  
Springfield, Ma. 01103**