



# TOWN OF ROCKLAND

## Board of Health

242 Union Street Rockland, MA 02370

Tel 781-871-1874 X350 Fax 781-871-2644

*Chairman:*  
Stephen Nelson

*Vice Chairman:*  
Victoria Deibel

*Member:*  
Patricia Halliday

*Agent:*  
Janice McCarthy

### APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

Type of Camp: Day \_\_\_\_\_ Residential \_\_\_\_\_

Name of Camp: \_\_\_\_\_

Site of Camp: \_\_\_\_\_

Site Telephone: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Dates of Operation: Opening: \_\_\_\_\_ Closing: \_\_\_\_\_

Name of Camp Owner: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Camp Operator: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Health Care Consultant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Swimming Pool: Yes or No Permit # (if applicable) \_\_\_\_\_

Bathing Beach: Yes \_\_\_\_\_ No \_\_\_\_\_

Meals Provided: Yes or No Permit # (if applicable) \_\_\_\_\_

Number of Staff per season \_\_\_\_\_ Number of Volunteers per season \_\_\_\_\_

Number of Campers per season \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Official Title: \_\_\_\_\_ Date: \_\_\_\_\_

See the next page for a list of documents that must be completed and submitted before your application for a license can be fully processed. You are strongly encouraged to complete these documents as soon as possible and submit them in advance. This will expedite the licensing process.



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### Camp Director:

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

Coursework in camping administration: \_\_\_\_\_

\_\_\_\_\_

### Healthcare Consultant

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

Type of Medical License: \_\_\_\_\_

\_\_\_\_\_

(Must be a physician, nurse practitioner or physician assistant with pediatric training)

MA License # \_\_\_\_\_

### Health Supervisor

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

Type of Medical License: \_\_\_\_\_

\_\_\_\_\_

### Aquatics Director

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

Lifeguard Certificate issued  
by: \_\_\_\_\_ Exp: \_\_\_\_\_

American Red Cross CPR Certificate: \_\_\_\_\_ Exp: \_\_\_\_\_

American First Aid Cert: \_\_\_\_\_ Exp: \_\_\_\_\_

Previous aquatics supervisory experience: \_\_\_\_\_

\_\_\_\_\_



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### FIREARMS INSTRUCTOR

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

NRA Instructors  
Card: \_\_\_\_\_ Date: \_\_\_\_\_ Exp: \_\_\_\_\_

American Red Cross CPR Certificate: \_\_\_\_\_ Exp: \_\_\_\_\_

### HORSEBACK RIDING INSTRUCTOR

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

License # \_\_\_\_\_ Exp: \_\_\_\_\_

### STABLE

Location: \_\_\_\_\_

Licensed in accordance with MGL Ch. 111 S155, 158: YES \_\_\_\_\_ NO \_\_\_\_\_

### Attach

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