TOWN OF ROCKLAND
Board of Health
Town Hall
242 Union Street
Rockland, Massachusetts 02370

APPLICATION TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

An application to Conduct a recreational camp for children in the Town of Rockland is required each year for consideration. Applications must be filed with the Board of Health Office.

Please provide the following documents: (checking off the boxes below ensures all supporting documents are enclosed)

- **Completed signed Application**
- **Completed and signed check list**
- **Insurance Information**

  - ☐ Completed Workers' Compensation Affidavit
  - ☐ Certificate of Workers Comp Liability (if applicable)
  - ☐ Certificate of General Liability Insurance

  All Insurance Certificates must include the Town of Rockland as a certificate holder:
  The Town of Rockland BOH, 242 Union St Rockland, MA. 02370

- **Certificates**

  - ☐ "Heads-Up" head injury safety training certificate
  - ☐ Certificate in cardiopulmonary resuscitation (CPR)
  - ☐ Certificate in First Aide
  - ☐ Camp Director Camping Administration Certification

- **Miscellaneous**

  - ☐ Food Establishment Permit (if applicable)
  - ☐ Water safety professional certification (if applicable)

- **Payment**
  - ☐ Check made payable to the Town of Rockland in the amount of $125.00

It is important the applicant signs and completes all sections of the application. Incomplete applications will be returned. Any recreational camp that does not secure their permits will be considered **"*Out of Business*",** operating without a license and must start the entire process of submitting plans and filing a new application to conduct a recreational camp for children in the Town of Rockland. ***NO EXCEPTIONS.***

(781) 871-1874 Ext.1005 Fax: (781) 871-2644

TOWN OF ROCKLAND
Board of Health
242 Union Street Rockland, MA 02370
Tel 781-871-1874 X1005 Fax 781-871-2644

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.

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: _____

_____

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 _____

Drinking Water & Plumbing Information

Is the camp on 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** Date of most recent septic tank pumping & inspection: _____
- ☐ **Other** _____

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.

TOWN OF ROCKLAND
Recreational camp for children check list

This form must be initialed and signed by the owner/operator of the establishment applying for a license to conduct a recreational camp for children from the Town of Rockland Board of Health. No permit will be issued until this checklist has been completed and returned after the review of *105 CMR 430.000 Minimum Standards for Recreational Camps for Children*

I have developed written procedures for review of the background of each staff and volunteer per 105 CMR 430.090(A-F)

Initials _____

I have provided orientation and training for all counselors, staff, and volunteers per 105 CMR 430.091

Initials _____

I have read and understand all Camp Counselors and Junior Counselors requirements per 105 CMR 430.100

Initials _____

I have read and understand the required ratio of Camp Counselors to campers per 105 CMR 430.101

Initials _____

I have read and understand Camp Director Requirements per 105 CMR 430.102 and will provide certification of completion of a course in camping administration offered by national professional camping associations.

Initials _____

I understand that an initial inspection is required by the Board of Health and meet all requirements 105 CMR 430.00.

Initials _____

I acknowledge that I have read and understand all of the above statements. I further understand that failure to abide by these conditions may jeopardize my license to conduct a recreational camp.

_____	_____	_____
Owner/Operator	(Signature)	Date

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information **Please Print Legibly**

Business/Organization Name:_____

Address:_____

City/State/Zip:_____ Phone #:_____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/ or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name:_____

Insurer's Address:_____

City/State/Zip: _____

Policy # or Self-ins. Lic. #_____ Expiration Date:_____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature:_____ Date:_____

Phone #:_____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License #_____

Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person:_____ Phone #:_____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an ***employee*** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An ***employer*** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required**." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

Form Revised 02-23-15