



TOWN OF ROCKLAND

Board of Health

242 Union Street Rockland, MA 02370
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Chairman:
Stephen Nelson
Vice Chairman:
Victoria Deibel
Member:
Scott Margolis

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

<input type="checkbox"/>	PWS
<input type="checkbox"/>	Town water supply
<input type="checkbox"/>	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)?

<input type="checkbox"/>	Municipal/off-site	
<input type="checkbox"/>	On-site	Date of most recent septic tank pumping & inspection: _____
<input type="checkbox"/>	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.