



Falmouth Health Department

Falmouth Town Hall • 59 Town Hall Square • Falmouth, Massachusetts 02540

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health@falmouthma.gov

RECREATIONAL CAMP LICENSE APPLICATION

FEE: \$50.00

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:
Off-Season address (if different from above):		
City:	State:	ZIP Code:
Phone(year-round):	Fax:	
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 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:		
From: _____ To: _____ Name(s): _____		
Has the camp's license ever been suspended or revoked:(check): <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Neither	Day or Residential Camp: <input type="checkbox"/> Day <input type="checkbox"/> Residential	
Seasonal or Year-Round Camp: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year-Round	Seasonal camp only: Opening Date for camp: _____ Closing Date for camp: _____ Hours of Operation: _____	
Swimming Pool(s): <input type="checkbox"/> Yes <input type="checkbox"/> Off-site <input type="checkbox"/> No	Pool Permit Number: _____ Off-Site Pools (if applicable): _____ Total Number of Pool(s): _____	

Bathing Beach(s): Yes Off-site No
 Names of lake or river located at camp (if applicable): _____
 Off-Site beaches (if applicable): _____

Meals Provided:
 Yes; Food Permit Number: _____ No

Camp Capacity (per Session):
 Campers: _____ Staff (employees only): _____ Volunteers: _____
 Total Number of Sessions per year: _____

Health Care Consultant Information

Name: _____
 MA License Number: _____ Phone (to reach during camp operations): _____
 Type of Medical License:
 Physician Physician Assistant (NOTE: Attach documentation of pediatric training if a PA)
 Nurse Practitioner Other: _____

Health Care Supervisor Information

Name: _____
 MA License Number: _____ Age: _____
 Type of Medical License, Registration or Training 105 CMR 430.159(C); attach documentation of current First Aid / BLS training:
 Physician Physician Assistant (NOTE: Attach documentation of pediatric training if a PA)
 Nurse Practitioner Nurse Other: _____

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 connected to the town water supply or a private well?
 Town water supply
 Well; If a well, attach a copy of potable water test results within this calendar year.

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: _____

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]