



TOWN OF NORTHBRIDGE  
**BOARD OF HEALTH**  
Aldrich School Town Hall Annex ~ 14 Hill Street  
Whitinsville, MA 01588  
Phone (508) 234-3272 Fax (508) 234-0821

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

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

Camp Site Address: \_\_\_\_\_

Camp Phone #: \_\_\_\_\_ Camp Fax #: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

**Name of Camp Director:** \_\_\_\_\_

Age: \_\_\_\_\_ (*must be at least 21 yrs. old – 25 yrs. for Residential Camps*)

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

Previous camp administration experience: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Type of Medical License (*must be a physician, nurse practitioner, or physician assistant with pediatric training*): \_\_\_\_\_ MA License Number: \_\_\_\_\_

Health Care Consultant shall be responsible for oversight of Health Supervisor, review and approval of camp health care policy, be available for consultation at all times, develop and sign written orders, oversee administration of medications.

**Name of Health Care Supervisor:** \_\_\_\_\_

(*Must be on site at all times*) Age: \_\_\_\_\_ (*must be at least 18 yrs. old*)

Type of Medical License, Registration or Training: MA License Number: \_\_\_\_\_ or

First Aid & CPR trained (*Must attach certifications*) Yes \_\_\_\_\_ No \_\_\_\_\_

Health Supervisor must be on site at all times. If more than one Health Supervisor designated by Health Care Consultant, please note that on application. The Health Care Consultant and Health Supervisor are the only individuals allowed to administer medications.

### Calculation of Camp License Fee

First Week = \$100

Number of Weeks after Week One (\$30 each) \_\_\_\_\_ x \$30 = \_\_\_\_\_

**TOTAL FEE: \$** \_\_\_\_\_

Check made payable to the Town of Northbridge

**CAMP INFORMATION**

Type of Camp: DAY \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ SPORTS \_\_\_\_\_

Camp Hours of Operation: \_\_\_\_\_

Date(s) of Operation: Opening: \_\_\_\_\_ Closing: \_\_\_\_\_  
*If more than one session, please note opening & closing dates of each session.*

Meals or Snacks provided: \_\_\_\_\_

**Water Supply:** MUNICIPAL or PRIVATE\*

*\*For Private water supplies – camp must submit water quality test for coliform bacteria, nitrate, nitrite, sodium, and lead.*

**Sewage Disposal:** MUNICIPAL/ON-SITE SEWAGE or  
PORTABLE TOILETS: # \_\_\_\_\_  
*Please note how many toilets will be provided*

**Total Number of Campers:** \_\_\_\_\_

Number of Campers OVER the age of 6: \_\_\_\_\_ Number of Campers 6 & under: \_\_\_\_\_

**Number of Counselors:** Employed: \_\_\_\_\_ Volunteers: \_\_\_\_\_

*Counselor ratio requirement: 1 supervisory staff person for every 10 campers over the age of 6; one supervisory staff person for every 5 campers age 6 or under.*

*If camp operates for more than one session – please break down total number of campers and counselors expected to participate in each session.*

**Are any campers transported to any other site for camp related activities?** YES or NO

If YES, where: \_\_\_\_\_  
\_\_\_\_\_

**Supervision of Specialized Activities:**

**AQUATICS DIRECTOR** (Includes swimming, boating, canoeing, watercraft, and water skiing)

*Swimming Supervision requires one counselor for every 10 campers in the water; for every 25 campers in the water, there shall be at least one counselor that holds these certifications.*

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

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

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

Expiration date: \_\_\_\_\_

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

Expiration date: \_\_\_\_\_

American First Aid Certificate: \_\_\_\_\_

Expiration date: \_\_\_\_\_

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

### Firearms Instructor

*A ratio of 1 counselor for every 10 campers is required.*

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

National Rifle Association Instructor's card (or equivalent): \_\_\_\_\_

\_\_\_\_\_ Date certified: \_\_\_\_\_ Expiration date: \_\_\_\_\_

### Horseback Riding Instructor

*All riding instructors shall be licensed in accordance with MGL Ch 128 s2A.*

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

License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

### Stable

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

Licensed in accordance with MGL Ch.111 § 155, 158: Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain in detail any other **specialized or high risk activities** (archery, scuba diving, etc.) that may occur at camp: \_\_\_\_\_

\_\_\_\_\_

**Please note:** If you are applying for an original camp license, that is, the original camp license in each community where the camp is located, you must file a plan showing the following with the board of health at least 90 days before your desired opening date (See MGL Ch. 140 s. 32A):

- Buildings, structures, fixtures and facilities
  - Proposed source of water supply
- Works for disposal or sewage and waste water

**CAMP APPLICATION, FEE, HEALTH CARE CONSULTANT AGREEMENT, CAMP BROCHURE, AND CAMP BINDER WITH POLICIES & PROCEDURES MUST BE SUBMITTED TO THIS OFFICE 30-DAYS PRIOR TO YOUR OPENING DATE UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE WITH THIS OFFICE.**

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

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

Applicant Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

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***For Board of Health Use Only:***

Date of Pre-Operational Camp Inspection: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Review of Camp Application & Binder by: \_\_\_\_\_

Permit Number Issued: \_\_\_\_\_ Date of Issue: \_\_\_\_\_