



Dighton Board of Health  
1111 Somerset Ave  
Dighton, Ma 02715  
774-872-0943

FOR OFFICE USE ONLY
PERMIT NO: _____
DATE: _____
CHK# & PMT: _____

**Fee \$100.00**

## Application for License to Conduct a Recreational Camp for Children

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

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

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

Type of Camp: \_\_\_\_\_ **Circle one:** Day / Residential

Dates of Operation: \_\_\_\_\_

Time of Operation: **Open** \_\_\_\_\_ AM / PM **Close** \_\_\_\_\_ AM / PM

Meals Provided Yes \_\_\_\_\_ No \_\_\_\_\_ Food Permit #: \_\_\_\_\_

Swimming Pool Yes \_\_\_\_\_ No \_\_\_\_\_ Pool Permit #: \_\_\_\_\_

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

### Camp Owner Information

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

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

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

### Camp Director Information

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

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

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

### Camp Operator Information

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

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

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

**Health Supervisor Information**

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

Type of Medical License, Registration or Training (See 105 CMR 430.159(C):  
\_\_\_\_\_**Healthcare Consultant Information**

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

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

Type of Medical License (must be a physician, nurse practitioner, physician's assistant with pediatric training): \_\_\_\_\_

MA License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Aquatics Director Information**

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

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

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

American First Aid Certificate: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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

**Firearms Instructor Information**

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

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

Date Certified: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Stable Information**

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

Licensed in accordance with MGL Ch 111 &amp; 155, 158, circle one:      Yes   /   No

Town of Dighton Stable Permit #: \_\_\_\_\_ Last Inspected by Animal Officer: \_\_\_\_\_

**Horseback Riding Instructor Information**

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

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

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

Printed Name: \_\_\_\_\_ Official Title: \_\_\_\_\_

## Required Documents

See the MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV - 105 CMR 430.000 and the guidance documents issued by the Department of Public Health, Division of Community Sanitation for additional assistance with developing the following documents. <https://www.mass.gov/doc/105-cmr-430-minimum-standards-for-recreational-camps-for-children-state-sanitary-code-chapter-iv/download>

You are strongly encouraged to complete these documents as soon as possible and submit them in advance. This will expedite the licensing process.

Staff information forms (see attached)

- ✓ Procedures for the background review of staff (105 CMR 430.090)
- ✓ Copy of promotional literature (105 CMR 430.190(C))
- ✓ Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)
- ✓ Health care policy (105 CMR 430.159(B))
- ✓ Discipline policy (105 CMR 430.191)
- ✓ Fire evacuation plan- approved by local fire department (105 CMR 430.210(A))
- ✓ Disaster plan (105 CMR 430.210(B))
- ✓ Lost camper plan (105 CMR 430.210(C))
- ✓ Lost swimmer plan (105 CMR 430.210(C))
- ✓ Traffic control plan (105 CMR 430.210(D))
- ✓ Day Camps- contingency plan (105 CMR 430.211)
- ✓ Primitive, Trip or Travel Camps - Written itinerary, including sources of emergency care, and contingency plans (105 CMR 430.212)
- ✓ Current certificate of occupancy from local building inspector (105 CMR 430.451)
- ✓ Written statement of compliance from the local fire department (105 CMR 430.215)
- ✓ If applying for initial license after January 1, 2000- lab analysis of private water supply (if applicable) (105 CMR 430.300, .303)

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

### Please attach

The names & ages of campers

All applicable current certifications

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 who provide supervision to campers without assistance.

This 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.