



# City of Westfield, Massachusetts

## Health Department

59 Court St, Westfield, MA 01085

Phone: (413) 572-6210 Fax: (413) 572-6279



**Public Health**  
Prevent. Promote. Protect.

Westfield Health Department

### APPLICATION FOR A RECREATIONAL CAMP

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

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

Site Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Name of Camp Operator (if different): \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Type of Camp: Day \_\_\_\_\_ Residential \_\_\_\_\_

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

Dates of Operation: Opening: \_\_\_\_\_ Closing: \_\_\_\_\_

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

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

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

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

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

Date: \_\_\_\_\_

See the page 4 for a list of documents that must be completed and made available at inspection prior to receiving your license. If you have any questions regarding your documents, and whether or not they will be sufficient contact the Health Dept.

# APPLICATION FOR A RECREATIONAL CAMP

## Westfield, MA

Attach to this application a list containing: 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. If all hiring has not been completed submit what information you have and make available at the time of inspection.

Supervisory staff means those people 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.

### **Camp Director**

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

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

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

Previous camp administration experience:

### **Assistant Camp Director**

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

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

Coursework in camping administration:

Previous camp administration experience:

### **Health Care Consultant**

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

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

MA License Number: \_\_\_\_\_

### **Health Supervisor**

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

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

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

**APPLICATION FOR A RECREATIONAL CAMP  
Westfield, MA**

**Aquatics Director**

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**

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

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

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

**Horseback Riding Instructor**

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

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

**Stable**

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

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

**NOTE:** Any false statement made by the Applicant knowing of its falsity or made without taking reasonable steps to determine its truth, or any incomplete or illegible information shall be cause or grounds for refusing to grant the license or permit, or for suspending, canceling or revoking a license or permit already properly granted.

I do hereby certify, under the pains and penalties or perjury, that the information provided in this application is true and correct.

\_\_\_\_\_  
Signature of Owner or Corporate Name (Mandatory)

# APPLICATION FOR A RECREATIONAL CAMP

## Westfield, MA

### 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.

- Staff information forms (see Pg. 2, these documents should be attached to application)
- Procedures for the background review of staff (105 CMR 430.090)
- Orientation & Training (105 CMR 430.091)
- Prevention and Abuse & Neglect (105 CMR 430.093)
- Physical Exams & Certificates of Immunization (105 CMR 430.151)
- Injury & Incident Report (105 CMR 430.154)
- Parental Education Requirements (105 CMR 430.157)
- Health Care Components (105 CMR 430.159/.160)
- Protection from the Sun (105 CMR 430.163)
- General Program Requirements (105 CMR 430.190)
- Requirements for Discipline (105 CMR 430.191)
- Natural Disasters or Other Emergencies (105 CMR 430.210)
- Special Contingency Plans for day Camps (105 CMR 430.211)
- Field Trips (105 CMR 430.212)
- Fire Prevention (105 CMR 430.215)
- Certificate of Inspection requirements (105 CMR 430.451)

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 wastewater