



CITY OF NORTH ADAMS, MASSACHUSETTS

Board of Health

**Camp License Application**

Fee is \$50 per session  New license  Renewal

Organization name \_\_\_\_\_ Telephone number \_\_\_\_\_

Camp location \_\_\_\_\_

Day  Overnight  Residential Number of sessions \_\_\_\_\_

Resident director \_\_\_\_\_ Telephone number \_\_\_\_\_

Experience \_\_\_\_\_

Session #1

Dates of operation \_\_\_\_\_ Hours of operation \_\_\_\_\_

Number of counselors \_\_\_\_\_ Ages \_\_\_\_\_ Number of campers \_\_\_\_\_ Ages \_\_\_\_\_

Session #2

Dates of operation \_\_\_\_\_ Hours of operation \_\_\_\_\_

Number of counselors \_\_\_\_\_ Ages \_\_\_\_\_ Number of campers \_\_\_\_\_ Ages \_\_\_\_\_

Session #3

Dates of operation \_\_\_\_\_ Hours of operation \_\_\_\_\_

Number of counselors \_\_\_\_\_ Ages \_\_\_\_\_ Number of campers \_\_\_\_\_ Ages \_\_\_\_\_

Session #4

Dates of operation \_\_\_\_\_ Hours of operation \_\_\_\_\_

Number of counselors \_\_\_\_\_ Ages \_\_\_\_\_ Number of campers \_\_\_\_\_ Ages \_\_\_\_\_

Session #5

Dates of operation \_\_\_\_\_ Hours of operation \_\_\_\_\_

Number of counselors \_\_\_\_\_ Ages \_\_\_\_\_ Number of campers \_\_\_\_\_ Ages \_\_\_\_\_

Session #6

Dates of operation \_\_\_\_\_ Hours of operation \_\_\_\_\_

Number of counselors \_\_\_\_\_ Ages \_\_\_\_\_ Number of campers \_\_\_\_\_ Ages \_\_\_\_\_

Camp activities \_\_\_\_\_

**MEDICAL REQUIREMENTS**

Physician on call \_\_\_\_\_ Telephone number \_\_\_\_\_

**Complete health records of staff and campers, as well as medical and injury reports, must be kept current and available for inspection.**

**FACILITY REQUIREMENTS AND INFORMATION**

Sewage  Public  Private Water  Public  Private

Adequate toilets and showers?  Yes  No Location \_\_\_\_\_

Milk source \_\_\_\_\_ Meals provided?  Yes  No

Name and location of licensed food vendor \_\_\_\_\_

I certify, under the pains and penalty of perjury, that I have read and I am in compliance with the provisions of 105 CMR 430.000: Minimum Sanitation and Safety Standards for Recreational Camps for Children. I also certify, under the pains and penalties of perjury, that all counselors and staff have undergone CORI and SORI background checks (if required by law), and are not disqualified from serving in their assigned capacities.

Date of application \_\_\_\_\_ Signature of applicant \_\_\_\_\_

Applicant name \_\_\_\_\_

Applicant address \_\_\_\_\_  
*Street City State Zip*