



### SPECIAL PROGRAM INFORMATION

Note: Must complete for each special program. Check all that apply and provide complete details. May attach additional information.

	Instructor	Certifications/Lisc.	Expiration Date	Lisc/Cert Issued By	Equipment/Facilities
<input type="checkbox"/> Swimming					
<input type="checkbox"/> Boating					
<input type="checkbox"/> Firearms					
<input type="checkbox"/> Horseback Riding					
<input type="checkbox"/> Climbing/Ropes					
<input type="checkbox"/> Special Needs					

### MEDICAL REQUIREMENTS

Note: Health Care Consultant is responsible for all applicable activities as specified in 105 CMR 430, section 159 and 160.

	Name	Address	Phone	Qualifications
*Health Care Consultant				
*Onsite Medical Staff				
Onsite Medical Staff				

\*Complete Medical Records for all Campers and Staff must be available for inspections at the camp before opening day.

### ADDITIONAL REQUIRED DOCUMENTS AND PLANS

Note: 105 CMR 430:00 sets minimum standards that include the following documents which must be **attached**.

<input type="checkbox"/> *List of staff who supervise children. This includes junior counselors and activity staff	
<input type="checkbox"/> *Written procedures for review of staff background checks	105 CMR 430.090
<input type="checkbox"/> *Copy of all promotional materials and literature	105 CMR 430.190 (C)
<input type="checkbox"/> *Procedures for reporting suspected child abuse or neglect	105 CMR 430.093
<input type="checkbox"/> *Health Care Policy	105 CMR 430.159(B)
<input type="checkbox"/> *Discipline Policy	105 CMR 430.091
<input type="checkbox"/> *Fire Evacuation Policy – must be approved by the local Fire Department	105 CMR 430.210(A)
<input type="checkbox"/> *Emergency/Disaster Plan	105 CMR 430.210(B)
<input type="checkbox"/> *Lost Camper Plan	105 CMR 430.210(C)
<input type="checkbox"/> Lost Swimmer Plan if swimming is an activity	105 CMR 430.210(C)
<input type="checkbox"/> *Traffic Control Plan	105 CMR 430. 210(D)
<input type="checkbox"/> Day Camp Contingency Plan	105 CMR 430.211
<input type="checkbox"/> Primitive, Trip or Travel Camp Activity – Written Plan including itinerary, emergency care, contingencies	105 CMR 430.212

### FEES

1. Basic Fee must accompany application and is not refundable or transferrable. **Call for current Fee Schedule.**
2. All permits expire December 31 unless otherwise stated and must be renewed at least 60 days before expiring or the start of operations.
3. Applications received after December 1 or less than 60 days before starting operations will be charged a late fee of \$50 for each week late.

<input type="checkbox"/> *Basic Fee	\$ 250	<input type="checkbox"/> Late Fee	\$50
<input type="checkbox"/> Additional Fees	\$	<input type="checkbox"/> Total Fee Paid	\$ _

### AGREEMENT

- \*I affirm that I will comply with all state and local codes and allow the Board of Health access for inspections as required by law.
- \*By checking this box and signing this application I certify that I comply with M.G.L c. 152, s.25(c), Workman's Comp Laws
- \*I affirm that before updating or making changes to my facility, staff or operations; I will obtain permission and inspections from the Health, Building and Fire Departments as required by law.
- \*By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.

### SIGNATURE

\*I affirm and certify that the information provided is true, I am 18, the owner of the establishment referenced in this application or an authorized representative/agent with authority to apply for this permit and grant the Board of Health access for inspections as allowed by law.

Name/Title		*Date of Application:	
------------	--	-----------------------	--