



APPLICATION FOR PERMIT TO OPERATE SUMMER RECREATION CAMP FOR CHILDREN

FEE _____

Name of Establishment _____ Phone _____

Address _____ Mailing Address _____

Name and Title of Applicant _____

Address of Applicant _____

Name of Owner _____

Address of Owner _____

If corporation or partnership, give name, title, and home address of officers or partners

Name _____

Name _____

Title _____

Title _____

Phone _____

Phone _____

Address _____

Address _____

Estimated Number of Campers: Age 6 or Younger _____ Age 7 or Older _____

Estimated Number of Staff: _____ Name of On-Site Director: _____

Opening Day: _____ Closing Day: _____

Please submit the following:

1. Written camp medical program signed and approved by practicing licensed physician (See 105 CMR 430.159).
2. Disaster Plan
3. Lost Camper and Swimmer Plan
4. Fire Drill Plan
5. Traffic Center
6. Policies for:
 - a. Plans for Children registered but fail to arrive for day's activities.
 - b. Children who fail to arrive at the point of pick-up following a given days activities.
 - c. Children who appear at camp without having registered and without prior notification.

Signature of Applicant

Date