



NEEDHAM HEALTH DEPARTMENT



RECREATIONAL CAMP PERMIT APPLICATION

APPLICATION DEADLINE: April 30, 2021

A check payable to "Town of Needham" must accompany this application.

Name of Camp: _____

Site Address: _____

Site Telephone: _____

Opening date: _____ Closing date: _____

Name of Camp Owner: _____

Office Address: _____

Telephone Number: _____

Emergency Contact Number: _____

Email address: _____

Name of Camp Operator (if different): _____

Address: _____

Telephone Number: _____

Emergency Contact Number: _____

Email address: _____

Camp Director

Name: _____ Age: _____

Coursework in camping administration: _____

Previous camp administration experience: _____

Name of Health Care Consultant: _____

Address: _____

Telephone Number: _____

Emergency Contact Number: _____

Email address: _____

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

MA License Number: _____

Please list camp sessions in the order of which they occur:

CAMP NAME	opening date	closing date	Hours of Operation	DAY OR OVERNIGHT	# of campers per session	Ages of Campers per session
1.						
2.						
3.						
4.						

Swimming Pool: Yes: _____ Pool location: _____

Bathing Beach: Yes: _____ Beach location: _____

Meals Provided: Yes: _____

Description of food service: _____

If no food service on site, please describe camper's food source:

Health Supervisor

Name: _____

Age: _____

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

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: _____

Horseback Riding Instructor

Name: _____

License Number: _____

Expiration date: _____

Stable

Location: _____

Licensed in accordance with MGL CH.111 § 155, 158: Yes: _____ No: _____

Attach 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.

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.

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the camp operation will comply with all applicable law and local regulations. I read and understand the current camp regulations and that I will ensure that a copy of these regulations will be on site at all times.

Print Name: _____

Signature of Applicant: _____

Official Title: _____

Date: _____

Contact number: _____