



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

**GREENFIELD BOARD OF HEALTH**  
*Town of Greenfield*  
*14 Court Square*  
*Greenfield, MA 01301*  
Phone: 1-413-772-1404 Fax: 1-413-772-2238



**PERMIT APPLICATION TO OPERATE A  
RECREATIONAL CAMP FOR CHILDREN**

**Non-Refundable Fee – \$55.00**

**CAMP INFORMATION**

Name of Camp: \_\_\_\_\_  
Address of Camp: \_\_\_\_\_  
Camp Phone Number: \_\_\_\_\_

**GENERAL INFORMATION**

Camp Owner: \_\_\_\_\_  
Address of Owner: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Camp Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Health Care Consultant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Type of Medical License: \_\_\_\_\_  
MA License #: \_\_\_\_\_

**CAMP INFORMATION**

Type of Camp: Day \_\_\_\_\_ Residential \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_  
Dates of Operation: Opening \_\_\_\_\_ Closing \_\_\_\_\_  
Swimming Pool: Y N  
Bathing Beach: Y N  
Meals Provided: Y From where: \_\_\_\_\_ N

Name of Applicant: \_\_\_\_\_ Official Title: \_\_\_\_\_

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

**The following items are required to be submitted with Camp Application:**

- Procedures for the background review of staff.
- Staff information forms (attached)
- Copy of camp's promotional literature
- Camp's plan for staff orientation
- Procedures for reporting of any suspected incidents of child abuse and neglect
- Health Care Policy
- Discipline Policy
- Fire Evacuation Plan - approved from local Fire Department
- Disaster Plan
- Lost Camper Plan
- Lost Swimmer Plan
- Traffic Control Plan
- Day Camps – Contingency Plan
- Primitive, Trip or Travel Camps – Written itinerary, including sources of emergency care and contingency plans
- Copy of current certificate of occupancy issued by the local Building Inspector
- Written statement of compliance from local Fire Department

For the Aquatics Director please submit the following:

- Lifeguard Certificate
- First Aid and CPR Certificates

I \_\_\_\_\_, do hereby acknowledge that I am in possession of a copy of 105 CMR 430.000: Minimum Sanitation and Safety Standards for Recreational Camps For Children, and that I will comply with the standards stated therein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**BEFORE A PERMIT WILL BE ISSUED.  
INCOMPLETE APPLICATIONS WILL BE RETURNED**  
Return application and check payable to the Town of Greenfield to:  
*Town of Greenfield  
Health Department  
253 Main Street  
Greenfield, MA 01301*

# Staff Information Form

**Camp Director:** \_\_\_\_\_

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

Course work in camp administration:

\_\_\_\_\_

Previous camp administration experience:

\_\_\_\_\_

**Health Supervisor:** \_\_\_\_\_

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

Type of Medical Training: (See 105 CMR 430.159(C):

\_\_\_\_\_

\_\_\_\_\_

**Aquatics Director:** \_\_\_\_\_

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

Lifeguard Certificate issued by: \_\_\_\_\_

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

American Red Cross CPR Certificate: \_\_\_\_\_

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

American Red Cross First Aid: \_\_\_\_\_

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

Previous Aquatics supervisory experience:

\_\_\_\_\_

\_\_\_\_\_

**Firearms Instructor:** \_\_\_\_\_

National Rifle Association Instructors card (or equivalent): \_\_\_\_\_

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

**Horseback Riding Instructor:** \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Stable Location:** \_\_\_\_\_

Licensed in accordance with MGL Ch.111 155, 158:     Y                     N

**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 and other staff who provide supervision to campers without assistance.