



**TOWN OF BRAintree**  
**Department of Public Health**

Office of the Board of Health  
1 JFK Memorial Drive, Braintree, MA 02184  
Tel: 781-794-8090 Fax: 781-794-8098

**Application for a License to Conduct A  
Recreational Camp For Children**

Name of Camp: \_\_\_\_\_

Camp Address: \_\_\_\_\_

Camp Telephone: \_\_\_\_\_

Name of Camp Owner: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Camp Operator (if different): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Health Care Consultant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Type of Camp: Day \_\_\_\_\_ Residential \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Dates of Operation: Opening: \_\_\_\_\_ Closing: \_\_\_\_\_

Swimming Pool: Yes \_\_\_\_\_ Permit # \_\_\_\_\_ No \_\_\_\_\_

Bathing Beach: Yes \_\_\_\_\_ No \_\_\_\_\_

Meals Provided: Yes \_\_\_\_\_ Food Permit # \_\_\_\_\_ No \_\_\_\_\_

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

Official Title: \_\_\_\_\_ Date: \_\_\_\_\_

See the next page for a list of documents that must be completed and submitted before your application for a license can be fully processed. You are strongly encouraged to complete these documents as soon as possible and submit in advance. This will expedite the licensing process.

**Camp Director**

Name: \_\_\_\_\_

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

Coursework in camping administration: \_\_\_\_\_

\_\_\_\_\_

Previous camp administration experience: \_\_\_\_\_

\_\_\_\_\_

**Health Care Consultant**

Name: \_\_\_\_\_

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

MA License # : \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

**Firearms Instructor**

Name: \_\_\_\_\_

National Rifle Association Instructor's Card (or equivalent) \_\_\_\_\_

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

**Horseback Riding Instructor**

Name: \_\_\_\_\_

License #; \_\_\_\_\_ Expiration date: \_\_\_\_\_

**Stable**

Location: \_\_\_\_\_

Licensed in accordance with M.G.L. 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.

**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. \_