



Board of Health
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Northampton, MA 01060
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Director of Public Health: Merridith A. O'Leary, R.S.

**FOR BOARD OF HEALTH
USE ONLY**
Amt Received: _____
Cash/Check No: _____
Received by: _____
Workers Comp Affidavit

2021 RECREATIONAL CAMP APPLICATION FOR PERMIT

PERMIT FEE: \$200.00: **ALL FEES PAID ARE NON-REFUNDABLE**

NO PERMITS WILL BE ISSUED IF TAXES ARE OWED

In accordance with the provisions of 105 CMR 430.000, chapter IV of the State Sanitary code, application is hereby made for a Permit to operate a Recreational Camp for Children in Northampton, Massachusetts

Date: _____

Name of Camp: _____

Site Address: _____

Site Telephone: _____

Name of Camp Owner: _____

Office Address: _____ Owner/Office Telephone #: _____

Name of Camp Operator (if different): _____

Address: _____ Camp Operator Telephone #: _____

Name of Health Care Consultant: _____

Address: _____ Consultant Telephone #: _____

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

Massachusetts License Number: _____

Health Supervisor Name: _____ Age: _____

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

Name of Camp Director: _____ Age: _____

Course Work in Camping Administration: _____

Previous Camp Administration Experience: _____

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TYPE OF CAMP (CHECK WHICH TYPE APPLIES)

DAY		RESIDENTIAL		PRIMITIVE, TRAVEL, TRIP		SPORT	
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Maximum Number of Campers Allowed Per Session: _____

Operating Days Per Year: _____

Age Range of Campers: _____

Average Number of Supervisory Camp Counselors: _____ Per Session: _____

Average Number of Junior Counselors: _____ Per Session: _____

Hours of Operation							
	SESSION 1	OPENING:		CLOSING:		Location:	
	SESSION 2	OPENING:		CLOSING:		Location:	
	SESSION 3	OPENING:		CLOSING:		Location:	
	SESSION 4	OPENING:		CLOSING:		Location:	
	SESSION 5	OPENING:		CLOSING:		Location:	
	SESSION 6	OPENING:		CLOSING:		Location:	
	SESSION 7	OPENING:		CLOSING:		Location:	
	SESSION 8	OPENING:		CLOSING:		Location:	
	SESSION 9	OPENING:		CLOSING:		Location:	
	SESSION 10	OPENING:		CLOSING:		Location:	
List Dates of Operation, Opening, Closing and Location for all Sessions							
TOTAL # OF DAYS IN OPERATION PER YEAR:			TOTAL:				

Signature of Camp Official & Title: _____

Social Security or Federal ID Number: _____

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.