



**TOWN OF RAYNHAM**  
*Selectmen and Board of Health*

558 South Main Street  
Raynham, MA 02767  
Tel: 508-824-2766  
Fax: 508-824-1540

**Fee: \$100.00**

**APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Pursuant to MGL Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.**

**Social Security Number or Federal ID:** \_\_\_\_\_

**Signature of Individual or Corporate Name:** \_\_\_\_\_

**Please Note: SSN or FID numbers shall be redacted if this application is included in a FOI Request**

See the next section 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 them 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 Number: \_\_\_\_\_

**Health Supervisor**

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

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

Type of Medical License, Registration or Training (See 205 CMR 430.159 (C))  
\_\_\_\_\_

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### **Aquatics Director**

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

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

Life 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: \_\_\_\_\_

Nationals Rifle Association Instructor's card (or equivalent): \_\_\_\_\_

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

### **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 certificates (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.