HINGHAM HEALTH DEPARTMENT

210 Central Street, Hingham, MA 02043-2762
(781) 741-1466 Fax (781) 740-0239

APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

Name of Camp: _____

Site Address: _____

Site Telephone: _____

Name of Camp Owner: _____

*Office Address*_____

Telephone Number: _____

Email Address: _____

Name of Camp Operator (if different): _____

Address: _____

Telephone Number: _____

Email Address: _____

Name of Health Care Consultant: _____

Address: _____

Telephone Number: _____

Email Address: _____

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

MA License Number: _____

Name of Health Care Supervisor: _____

Address: _____

Telephone Number: _____

Email Address: _____

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

_____

Type of Camp: *Day* _____ *Residential* _____

Hours of Operation: _____

Dates of Operation: *Opening:*_____ *Closing:* _____

Swimming Pool: _____ *Yes* *No*_____ _____

Bathing Beach: _____ *Yes* *No* _____

Meals Provided: _____ *Yes* *No* _____

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 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***

Signature of Applicant:_____

Official Title: _____

FEE REQUIRED: $300.00