

Wellesley Health Department

**90 Washington Street
Wellesley, MA 02481**

**Telephone: (781) 235-0135
Fax: (781) 235-4685**

# of sessions:	Permit: 2021	
	FEE:	Date paid:

RECREATIONAL CAMP PERMIT APPLICATION
APPLICATION DEADLINE: MAY 6, 2021 (12 noon)

Camp Name: _____

Location where camp operates: _____

City: _____ State: _____ Zip Code: _____

On site phone(s): _____

24/7 Emergency on-site contact: _____ **Cell #** _____

Website/Social Media addresses: _____

A check payable to “Town of Wellesley” must accompany this application.

Camp fees are based on the number of operating sessions:

<p>1 camp session - \$250 2-4 camp sessions - \$300 5-6 camp sessions - \$400 7+ sessions - \$500</p>
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Please list camp sessions in the order of which they occur. (Attach additional sheet if needed.)

CAMP NAME	Opening Date	Closing Date	Hours of Operation	Day or Overnight	# of campers per session	# of staff per session
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

TOTAL						
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CAMP OWNER/ORGANIZATION INFORMATION

Name of Camp Owner/Organization: _____

Primary mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (year-round): _____ Fax: _____

24/7 Emergency Contact Name: _____

24/7 Emergency Contact Number: _____

Email address: _____

CAMP DIRECTOR/OPERATOR INFORMATION (IF DIFFERENT THAN OWNER)

Director/Operator Name: _____

Primary mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (year-round): _____ Fax: _____

Email address: _____

Camp Director Name: _____ Age: _____

24/7Emergency Contact Number: _____

Coursework in camping administration: _____

Previous camp administration experience: _____

CAMP OPERATING INFORMATION

If the camp previously operated in Massachusetts provide year(s) the camp operated and the name(s) operated under:

From: _____ to: _____ Name(s): _____

Has the camp's license ever been suspended or revoked: (check):

_____ Suspended _____ Revoked _____ Neither

Swimming Pool:	Yes: _____	Pool location: _____
Bathing Beach:	Yes: _____	Beach location: _____
Meals Purchased:	Yes: _____	
Bring own lunch	Yes: _____	Snack Provided Yes: _____
Meals Provided:	Yes: _____	Bring Own Snack: Yes: _____

Describe camper food source: _____

Describe food storage (ie fridge, etc): _____

Health Care Consultant Information

Name: _____

MA License Number: _____

Phone (to reach during camp operation)" _____

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

Health Care Supervisor Information #1

Name: _____ Age: _____

MA License Number: _____

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

Health Care Supervisor Information #2

Name: _____ Age: _____

MA License Number: _____

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

Aquatics Director Information

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: _____

Horseback Riding Instructor Information

Name: _____

License Number: _____ Expiration date: _____

Stable Location: _____

Licensed in accordance with MGL CH.111 § 155, 158: Yes: _____ No: _____

Certification and Signature

I, _____, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the camp operation will comply with all applicable law and local regulations. I read and understand the current camp regulations and that I will ensure that a copy of these regulations will be on site at all times.

Print Name : _____

Signature of Applicant: _____

Official Title: _____ Date: _____

Contact number: _____ Cell # _____